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ABSTRACT

This document presents testimony and prepared statements from the Congressional hearing on families and unemployment. The hearing begins with statements given by Judson Stone, Elkgrove, Illinois Mental Health Center; David Mills, Department of Health and Social Services of Madison, Wisconsin; Judge Charles B. Schodson, Children's Court of Milwaukee; Barbara Shaw, Illinois Coalition Against Domestic Violence; Dr. Bailus Walker, Michigan Department of Public Health; Dr. Lewis Margolis, University of North Carolina Health Services Resource Center; Father William Kelligar, United Catholic Social Services, Omaha; and Helen Mager, Mahoning County Health Department, Youngstown, Ohio. Topics covered include family problems, mental health needs, child and spouse abuse, juvenile crime, legal aid, and counseling needs. The entire manual from the Pre-Layoff Intervention Project, developed in Wayne County, Michigan is presented; following an introduction describing the history and goals of the project, and the structure of the manual, information on the experience of unemployment, and on assessing the program environment (political, economic, agency commitment, and program setting) is given. Intervention strategies are presented from planning and programmatic viewpoints. The hearings conclude with a report on the impact of unemployment on the health of mothers and children. Information on the current conditions in six impact areas (hunger, unemployment, lack of health insurance, primary care, hospital care, and infant mortality) as well as the cost effectiveness of maternal and child health programs is presented. Recommendations for national programs and priorities are included. (BL)

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IMPACT OF UNEMPLOYMENT ON CHILDREN AND FAMILIES

HEARING

BEFORE THE

SUBCOMMITTEE ON LABOR STANDARDS

OF THE

COMMITTEE ON EDUCATION AND LABOR
HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

FIRST SESSION

HEARING HELD IN WASHINGTON, D.C., JANUARY 31, 1983

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IMPACT OF UNEMPLOYMENT ON CHILDREN AND FAMILIES

MONDAY, JANUARY 31, 1983

House of Representatives,
Subcommittee on Labor Standards,
Committee on Education and Labor,
Washington, D.C.

The subcommittee met, pursuant to call, at 9:30 a.m., in room 2261, Rayburn House Office Building, Hon. George Miller (chairman of the subcommittee) presiding.

Members present: Representatives Miller, Hawkins, Burton, Kildee, Martinez, Owens, Petri, and Packard.

Staff present: Ann Rosewater, legislative assistant; Vivian A. Hightower, staff assistant; Marianne Flanagan, staff assistant; William Blacklow, press secretary; Bruce Wood, minority counsel for labor; and Gary Timmons legislative assistant.

Mr. **Miller**. The Subcommittee on Labor Standards will come to order for the purposes of conducting an oversight hearing on the impact of unemployment on children and families.

For the last 2 years America has witnessed long lines of unemployed as they wait for jobs, for shelter, and for food.

We have heard the grief of men and women who have lost their homes, their automobiles, their family farms, and their small businesses.

This morning, we are going to look behind the unemployment statistics. We are going to hear the personal impacts of unemployment on the worker and the worker's family.

This hearing will serve as an important backdrop for this subcommittee as we prepare to hear the Secretary of Labor's testimony on the administration's plans for remedying our current unemployment problem.

Victims of unemployment have lost far more than their jobs. Millions of jobless Americans have lost their financial security, their health, their families—and even their lives—as a result of unemployment. Several studies document this tragic relationship.

When unemployment increases by 1 percent, suicides increase by 4 percent; homicides by nearly 6 percent; heart disease and cirrhosis—due to alcoholism—by 2 percent; and admissions to mental hospitals by over 3 percent.

Children become the special victims of their parents' unemployment. Serious declines in school performance, increases in malnutrition, child abuse and domestic violence, and a worsening of parent-child relationships are all testimony to the real costs paid by unemployed families.

This human tragedy is compounded by the withdrawal of essential supports and services for the victims of unemployment. As malnutrition reappears, we have cut student nutrition and food supplement programs. Nearly 11 million people have lost their health insurance because of lost jobs. And a wide range of social services to those most in need have been reduced substantially at the very time that the need for basic assistance is growing.

This morning, the administration has released its new budget which proposes still further cuts in these services. Today, the Subcommittee on Labor Standards is going to hear testimony from people who have experienced the personal tragedies resulting from unemployment.

Our witnesses will also discuss their ability to help the victims of those tragedies in light of the reduction in services.

The victims are not only the poor. As our witnesses will describe, the ladder of success has collapsed under millions of middle-income Americans who never thought they would find themselves waiting in unemployment lines, food lines, and welfare lines: millions of men and women, and children, who never thought they would find themselves in need of basic services.

We will hear from Elkgrove, Ill., and from Chapel Hill, N.C.; from Milwaukee, Wis., and Omaha, Nebr.

We will hear from men and women who are seeing—in mental health clinics and battered women's shelters, in hospitals and juvenile courtrooms—the impacts of unemployment on America's families.

As the Congress and the administration develop a program to relieve our unemployment crisis, we must keep in mind that unemployment is far more than a temporary loss of wages.

The losses to the American family, and to our entire society, can be long lasting and even permanent. That is one of the reasons we cannot wait any longer to reduce unemployment and relieve its severe impact on millions of American families.

Our first witness this morning will be Judson Stone who is executive director of the Elkgrove-Schaumburg Township Mental Health Center in Elkgrove, Ill.

Welcome to the committee. Your statement will be included in the record. You can either read it or proceed in the manner in which you are most comfortable.

STATEMENT OF JUDSON STONE, EXECUTIVE DIRECTOR, ELKGROVE-SCHAUMBURG TOWNSHIP MENTAL HEALTH CENTER, ELKGROVE, ILL.

Mr. STONE. Mr. Chairman, I very much appreciate the honor to be present here. I would like to read and paraphrase from my text. I would also like to include in the record a manual that I prepared that was published by the Michigan Department of Mental Health on Pre-Layoff Intervention: A Response to Unemployment.

Mr. MILLER. Without objection, it will be included in the hearing record.

[The document referred to appears at end of hearing.]

Mr. STONE. Perhaps it is significant that I was formerly in the Detroit area. Everybody knows about the Detroit area. I now represent an area on the West Side of Chicago in the more affluent suburbs.

When I came there a year and a half ago it was unheard of to even think about the effects of unemployment. Everybody seemed to have a job. That has changed and has changed significantly and I am now representing an area that probably is experiencing unemployment close to the national average.

White collar people who thought they would never be out of work are now out of jobs and the effects are frankly the same whether we are talking about white collar or blue collar people.

In the last 10 years I have been particularly interested in the stress effects of unemployment on individuals and families.

I have studied the problems and developed programs to assist unemployed families cope with the stress and problems generated by joblessness.

I appreciate the opportunity to share with you my thoughts because of my conviction that high levels of sustained unemployment debilitates and destroys our greatest national asset: Families.

I believe my experiences will permit this committee to understand the implications of unemployment for the children who are members of unemployed households. I will suggest some possible measures we can take to lessen the destructive effects of the problem.

First, it is important to understand the effect that prolonged unemployment has on individuals and families. Unemployment must be viewed as a condition that often has many interrelated components that expand and intensify as the period of joblessness continues.

Unemployment causes and I will list these:

First, a depletion of financial and fringe benefit—health—resouces, especially health care resources. With unemployment we are seeing hundreds of thousands of people who have run out of insurance benefits.

Second, a loss of identity and a feeling of inadequacy. We tend to define who we are by what we do.

Third, a sense of isolation since friendship and support systems at the workplace are frequently lost.

Fourth, a loss of dignity and self-respect. Our culture teaches us that it is our fault if we are unable to find and keep a job. It is amazing how much personal guilt is associated with a layoff that in no way was controlled by the employee. And I have talked to many individuals at factory gates as they walked out, expressing guilt as though they could do something to have kept their job when, frankly, the economic situations and conditions forced a plant shutdown or a layoff.

These factors plus other events lead to a feeling of loss of control over many aspects of the individual's and family life.

We see the manifestation of the stress effects of unemployment in family breakdown, desertion, divorce, spouse and child abuse, mental illness—including psychomatic illness—suicide, increased institutionalization—State hospitals—alcoholism, and sometimes violence and incarceration.

Often we can identify the existence of the seeds of these problems before joblessness, but we find the prolonged effects of unemployment to be a powerful trigger.

In fact, interviews we have conducted with workers standing in unemployment lines, attending workshops on unemployment, plus knowledge gained in providing mental health services to hundreds of families convince us that while many ultimately cope successfully, most have some serious scars to show.

In our work we found that many jobless workers tend to go through predictable emotional stages. While the rumor of a plant shutdown brings about anxiety, the reality which follows—instead of making workers feel motivated toward job seeking—tends to bring about denial and sometimes an outright emotional paralysis. This paralysis often carries over to family members.

As the reality of unemployment sinks in, anxiety, frustration, anger and depression follow. With depression one often fails to see options in life that are available, and the breadwinner needs the support at this time of other family members, who under the stress of mounting problems, have little left to give.

The breadwinner's failure at job finding at this stage leads to guilt and the cycle continues. For many the cycle ultimately ends with finding a job. Others will find jobs considerably below the level held before; some will never work again.

What makes the experience worse is the fact that each unemployed person has a tendency to want to disappear and isolate himself and the family. This is brought about as previously mentioned because of a loss of identity and because the worker feels he has failed.

As we all know, in this country we get jobs by knowing people and by being out in circulation. The isolation cuts off a worker from job leads and intensifies all of the problems the family is experiencing. They become more and more isolated.

Our interest here is the effect of unemployment on families and their children, on childhood development, the family as a whole and on the impact on family problems existing before joblessness. Finally, some intervention strategies will be suggested.

We know that children pass through developmental stages as they are growing and that failure to successfully graduate from one stage to the next retards development. In some cases this retardation in the emotional growth cycle has life-long effects. And we have seen this.

My own work has now lasted about 10 years and we have seen adolescents and children grow up and watched the lack of productivity, the inability in their personalities to adequately cope with the stresses of today.

Young children—let's start out there, pre-school—must develop a sense of trust that their parents will take care of them on a consistent basis. They need a sense of security and protection.

Since unemployment brings with it a tremendous feeling of insecurity for the parents, it is natural that this insecurity is transmitted to children.

In addition to the financial hardships imposed on the unemployed parent(s), prolonged unemployment, here I mean beyond 6 months, causes parents to become depressed, irritable and emotionally isolated—leaving little energy to provide the emotional trust-building necessary for young children.

The children, in turn, express their insecurity through withdrawal, depression, acting out and anxiety. And, of course, in severe cases we see childhood psychosis.

Therefore, the cost to children can be a failure to develop trust which can lead to severe personality problems in adulthood.

I would like to digress and talk about a family that I saw just as I was leaving Michigan. They had two small children. They were both very young. They both were auto workers. They lost their jobs about 6 weeks apart. First they lost their house. Then they lost their car. Eventually they moved into a trailer. They then lost their phone and they lost the newspaper subscription which provided access to jobs.

The point I would like to make is, all of the avenues that we normally think of that allow us to get a job were cut off. They were isolated. Their children were isolated. They spent so much time cramped in this trailer together that they began fighting. They came to us at the mental health center because they were afraid that they were abusing their children both verbally and physically. Unfortunately, the couple eventually separated and got a divorce.

They were unable to sustain the brief independence they had had as young people. They both went back to their own homes and to their own parents. It is particularly difficult for young parents. They are most vulnerable. They do not have the resources to back them up and this represented a failure despite our intervention.

When the child enters school, school becomes the child's equivalent of adult work. The child is beginning to develop autonomy. Developmental deficits at this stage in life cause self-doubt, lack of confidence, even shame.

Problems at this stage can be understood through the words of an 8-year-old girl who said to her mother, "I am sorry I got sick so you lost your job." This isn't why her mother lost her job but she took the blame for it. Children at this age often accept guilt for things that happen to their parents.

A 9-year-old boy who had made consistently good grades became the class clown and began to get failing grades 6 months after his father was laid off. In therapy it was determined that his acting out served to draw attention to himself which diverted his parents from their constant fighting. He was fearful his parents were getting a divorce.

This case turned out later more happily and with this kind of understanding the family was able to put it back together and that child, who was a fifth grader, did improve.

With older children we often see acting out taking more drastic turns: truancy, running away, delinquency, even suicide.

In one area of Detroit we saw one school where there were seven, as I recall, suicide attempts. Unfortunately, most of them successful. It became contagious. We do see an increase in adolescent suicide although it is hard to document because one doesn't always know what the cause of death is.

In later adolescence, however, we see children weather their parents' unemployment better because they have more control over their lives. But often the image of work that they observe may be quite negative.

This may be illustrated by a discussion that we had at the mental health center. They watched their brothers and sisters, some of whom had gone to college, unable to find a job. So what was the point of going to college? What is the point of continuing your education if it doesn't mean anything?

I talked to a chemical worker who had interviewed for some 200 jobs and still hadn't found one. He eventually found a job as a part-time security guard. He had an 18-year-old who was physically handicapped.

It was necessary eventually for them to go on welfare and this is a person who had provided for his handicapped child all of his life and was very proud. He was a marine and this man was in tears for almost 2 solid weeks over the indignities that he had suffered because of his job loss and now, because he was slightly over 50, he was too old and unable, supposedly, to find another job when it was quite clear that the jobs simply were not there.

A father recently told me that what he wanted most for his children was a college education. Now that his two oldest children are ready for college he has no way of sending them. He is an unemployed carpenter who helped build the Sears building in Chicago and who has worked only occasionally during the past 3 years.

Second, we see the impact of joblessness on the family as a unit. Parents become consumed with coping with their own anxiety, frustration and depression. In a two-parent family the parent roles may be reversed—mother leaves her homemaking role to find work and father stays home. The role reversal is not in itself harmful. In fact, it may bring a father closer to his children as a result of it. But for others a harmful dynamic is established. The husband feels emasculated and becomes despondent; the working wife may express anger because her husband is not looking hard enough for work.

We see this manifestation in a considerable increase in the divorce rate despite our intervention.

Imagine the stress and problems on a single parent. The single parent must deal with ever mounting problems alone. We have worked with a number of single parents who have struggled to remain off welfare, gained respect and dignity by working, only to have the props—a job—pulled out from under them.

Our therapists all agree that the stress effects are insidious, doing damage before anyone in the family consciously knows it. By the time the problem comes to light it is as though a dam broke—suddenly a flood of problems occur.

In the past 6 months in our mixed blue/white collar area, despite our best crisis intervention efforts, institutionalizations are up 35 percent, a tremendous margin. Our analysis of this increase demonstrates a direct link to job loss.

Third, families who are already coping with many problems find that the added burden of the stresses brought on by unemployment is the straw that breaks the camel's back. We see this with families who have marginal incomes, with some single parent families and families who are already experiencing physical and/or mental health problems.

For instance, at our mental health center this past year, child abuse cases have doubled and we see a linkage between that doubling and the fact that the breadwinner, man or woman, is out of work. A parent who tends to abuse a child, as we know, was probably abused as a child.

With children under foot is it any wonder that potential latent problems become pronounced, and verbal and physical abuse become end results? We even find this in parents with no history of child abuse.

For other people we find that their job has provided the kind of structure they need to remain intact in their own personalities, and without that job structure they become casualties. They become mentally ill and return, as many of them have to the institution.

The job has provided the structure. It is no longer there and they fall to pieces.

At this point I would like to suggest some strategies and I would like to start out by suggesting that every pink slip ought to carry a warning that "unemployment is hazardous to your health," just like the warning on cigarette packages.

As a society it is our obligation to protect our children. The myriad of problems that children experience in growing up are exacerbated by high unemployment among parents. It is imperative that we have public policies that recognize the range and complexity of problems that surround unemployment.

As you know, the same economic conditions that lead to plant shutdowns and layoffs lead to shrinking revenues and force cutbacks in mental health and social services. The cutbacks occur always at the time when the need is the greatest.

In 1980, four out of every five individuals who applied for service at the mental health center in Michigan that I directed were unemployed.

At the same time economic conditions had forced layoffs of nearly half of our staff and the State was also forced to close its State mental hospitals due to economic reasons, dumping patients back into the community.

Formerly hospitalized clients were seen as the first priority, leaving very few resources to assist the unemployed and their families.

In fact, by the time I left Michigan we were virtually unable to assist the unemployed families. They had to fend for themselves. The consequences we can only guess about.

The problem is compounded because unemployment is a condition that has many ramifications and the solutions are not always found in one agency. To assist persons and families who are employed, it is often necessary to bring together the resources of many mental health, human service, medical and social service agencies.

A possible way to deal with these problems would be the establishment of contingency funds that are made available to agencies, triggered when service demands by unemployed families reach a certain level. Such funds should be earmarked to hire and/or maintain staff who will provide case coordination functions, networking with other agencies to serve these clients because of the complexity of problems involved.

Second, medicaid, without such a restrictive means test, or a similar type of health insurance plan must be extended to cover families when other options have run out.

It is assumed that with the changing technology in our country and the uncertain economic conditions facing us, we will have many families that will have one or both parents out of work for an indefinite period of time.

Health insurance then becomes an essential entitlement and it should include mental health care since stress effects of unemployment have both mental and physical consequences.

With prolonged unemployment, health care insurance, if it is carried over at all, runs out, and the ability of the family to maintain insurance coverage on an individual basis becomes impossible.

The future cost to our society and economy in human as well as fiscal terms is incalcuable when illness, physical and emotional, are allowed to progress without intervention.

Third, it would be unrealistic to think that sufficient moneys will be available to fund all the services that will be required to assist unemployed families.

However, a great deal of research has already been done. Programs have already been implemented to help the unemployed in various communities around the country. A great deal of knowledge on the impact of unemployment exists.

It is reasonable to assume that an existing governmental agency could serve as a clearinghouse to disseminate this existing body of knowledge to assist persons closest to unemployed children and their families, such as teachers, police, clergy, and counselors.

Teachers, public health nurses, police, clergy, and counselors can be sensitized and informed about the early signs of family breakdown and can assist families in finding help and resources through both the formal and informal service network.

Churches, for example, have operated job clubs and support groups for people who are unemployed. A teacher can help a young child overcome feelings of guilt and shame because a parent is unemployed.

Policemen called to calm a domestic quarrel can suggest referral services that may help the family as an alternative to court intervention.

Mental health organizations can provide information and referral services in a local unemployment office, and can operate telephone information services designed for the needs of unemployed families which would be manned by volunteer unemployed workers.

These suggestions are representative of hundreds of program ideas that can and have been developed by social service, mental health, education, union, churches, and other community groups including unemployed workers and their families as well.

In addition, such a public information dissemination system would lessen the stigma of unemployment and alert helpers to the need to be sensitive to the isolation of the unemployed.

Whatever the intervention, the most important goal for the unemployed person is the restoration or enhancing of their own sense of control over their daily lives. Helping professionals need to build upon and expand the unemployed workers inherent strengths and help them develop more critical perspectives and insights into their social/economic plight.

Fourth, it is imperative that we have public policy that requires plants and businesses to provide notification to key community agencies when a shutdown or major layoff is about to occur.

Such legislation should require advance notice to workers, include union participation, and provide layoff procedures which incorporates a preventative orientation.

We have had the opportunity to intervene in plants before shutdown occurs. The knowledge of the pending occurence of a shutdown has been disseminated to employees.

While it would be naive to think that prelayoff intervention strategies to help soon to be unemployed workers would ameliorate all the deleterious effects of unemployment, our experience has demonstrated that advance knowledge can be extremely beneficial to families in assisting them in their efforts to cope with even long-term effects of unemployment.

The strategies presented here have been designed with an understanding of the limitations of our national resources and do not require the formation of new departments nor massive funds for implementation.

If we are to resolve the problems in our economy in part by increasing unemployment, we cannot be so naive as to think that we can do so without a tremendous increase in the hidden personal and financial costs to our workers.

Our Nation is greatly concerned about the debt service on our national debt. What about the long-term debt service we will pay for unemployment?

Thank you.

Mr. **Miller**. Thank you, Mr. Stone.

Let me ask you something. You mentioned on page 6 that, in the past 6 months, in mixed blue/white collar areas despite the best crisis intervention efforts, institutionalizations are up 35 percent.

I assume you are saying that that increase is among the unemployed?

Mr. **Stone**. Most of that, Mr. Chairman, represents increases among the unemployed. Recognize that this figure is certainly higher than the figure that Brenner uses in his testimony and that you quoted earlier.

Our belief is that this represents a transition that our area which has been relatively affluent, essentially a white collar mixed blue collar area, is now going through. These people have not experienced this before.

The other interesting thing about this is that many of these individuals are very young. We are talking about young workers who are falling to pieces, and despite intervention efforts are now going to our local State hospital at a time, of course, when we are trying to reduce beds there.

Mr. **Miller**. What would be that person's likelihood of then securing a comparable job if a job were made available to that individual later on? If the mental problems become so severe are you now talking about an inability to go back to a job comparable to what they held before?

Mr. **Stone**. Of course we are. We are talking about their inability to go back to the job they held before. The effects of institutionalization on people, as you probably know, are so pronounced that our efforts with our day treatment and our outpatient programs to rehabilitate, to resocialize, to bring these people back to a level where they can work usually means that they will do what is called job skidding. They won't have the same level of job that they held earlier. It will be a job at a much lower level.

Mr. **Miller**. Does that include individuals who were not institutionalized, the skidding process?

Mr. **Stone**. Of course it does. We see this happen all the time and I think that the example of the chemical worker is a good example. Here is a man who had relatively high level skill who was now working part time as a security guard.

Mr. **Miller**. So from your remarks, the trauma to the family may be longer than the actual technical unemployment even if another job is secured because it may be at a lower status level in the family's eyes and at a lower pay?

Mr. **Stone**. Absolutely.

Mr. **Miller**. So, in fact, the trauma that goes along with that may continue beyond the reemployment period?

Mr. **Stone**. Far beyond.

We see in our area particularly the requirement that both husband and wife work to maintain the mortgage on the house. When one of them is out of a job they may lose that house and they may begin a skidding that has a lot more to do with their life than just the work that they are doing.

The skidding may take many forms and a dimunition in their life which is very severe.

I have talked to people who have felt that they did pretty well. They had two cars. They had a reasonably good size home. These people are affected too. They had expectations, as we all have in this country, that if we go to school and we go to work and work hard and well that good things will happen to us.

The American dream is taking a terrible pounding and the long-term scarring effects, frankly, we don't know, but the evidence we have at the mental health center suggest that there are, indeed, long-term effects.

Mr. **Miller**. There has been some suggestion that the economic impact and its detriment to many families is not as severe this round of unemployment because another member of the family is working where, perhaps, a decade ago, when unemployment struck, the family lost all of its income but now, because there may be two breadwinners in the family you lose only a portion of that income. That may or may not be so.

Let me ask you what kind of buffer does that second job in the family provide in terms of the stability of the family? Do you see a distinction among families who have a second income or is it just a question of time?

Mr. **Stone**. We do see a distinction and perhaps the best way to describe it is certainly that second income does provide a buffer but as I mentioned in this testimony, sometimes, and for some families, the role reversal that occurs when the woman goes out to work is so devastating that the family really cannot recover from it.

The emotional trauma, the fact that the man who felt himself to be the breadwinner is now sitting at home feeling useless and so depressed that he is not even washing the windows or doing the dishes and really doing the role reversal, that it creates arguments.

No, it has a very devastating effect and because I did have an opportunity to examine how people felt in the 1974-1975 recession, quite the contrary. I see the recession today in marked contrast to that.

In those years people talked about going back to work. "I am going back to work." They felt it. They sensed that the recession would soon be over and they would be back at their old job again. This time around people are not saying that and that buffer does not make up for the fact that there is a tremendous sense of helplessness and hopelessness on the part of workers in this country.

Mr. MILLER. Thank you.

Mr. Hawkins, do you have any questions?

Mr. HAWKINS. If I could, Mr. Stone, I was quite impressed with your testimony and I think that unfortunately not enough individuals realize the importance of it.

However, when you reached page 8 and began to suggest alternatives or what can be done I was a little let down.

It just seems to me that you seem to be suggesting that a high degree of volunteerism hasn't worked in the past and certainly isn't going to work now.

On page 8 you said that it would be unrealistic to think that sufficient moneys will be available to fund all the services that will be required to assist unemployed families. That seemed to be sort of a defeatist attitude which indicates that nothing can be done about it.

Now, I am sure that you did not intend to imply that this is a solution. If unemployment creates the problems that you have indicated, then these people need jobs. I don't think they need to be told that they can go to their clergy or to the police or to the schools and so forth and expect these people who are already overburdened and suffering from the same problems to solve their problems.

It just seems to me that this is, perhaps, not quite the solution and certainly I don't think it is in line with the earlier testimony which showed the great problems that are created by unemployment.

I would think that an individual who has the sensitivity that you have might suggest stronger measures, let me say, than what you have already suggested. I know that you are trying to stay within the context of realism and not get into political questions but that is just the point.

All of us hesitate to do so and we hesitate to call the budget a farce for what it is or to accuse the administration of foot-dragging and to say that we can't have a jobs program or we can't afford full employment and we just go around in a circle.

I am wondering whether or not that is what we are doing?

Mr. STONE. Mr. Hawkins, I am delighted to hear you say that. I would also be delighted to trade one B-1 bomber for funding the services that would be called for in this document and I am sure in the other testimony that will be brought here this morning; because that, of course, is part of the tradeoff that we are talking about.

And, yes, I would much prefer not to be here, not to be having services for the unemployed, and instead have these people have a job and then we could not have to see them, but I am a realist and I have worked in both the Detroit area and the Chicago area and at least until we see the national commitment to the proper funding for these kind of programs in order to do the job that is required, what I am suggesting is that there are a lot of people out there who have done a lot of work on their own with or without pay and that we don't need the creation of massive new programs to do it, that we have existing knowledge and existing services albeit without the proper funding to do the job.

Mr. **Hawkins**. Thank you, Mr. Chairman.

Mr. **Miller**. Mr. Martinez.

Mr. **Martinez**. I don't know if you have these figures or not, but what percentage of all the unemployed people have mental problems that require mental health services?

Mr. **Stone**. I was trying to get the figures before I came here this morning and I really don't have an answer to that. I can say roughly from the crisis intervention work that I did in the Detroit area we saw approximately 15 to 20 percent of the unemployed people end up as casualties one way or another. Either they used our crisis service, or they came in for face-to-face interviews, or in some manner they presented some type of serious family—emotional/physical health care problem to us.

I can say beyond that that as a result of the crisis service that we ran probably 50 percent of those people unemployed did seek different kinds of information and we were appalled by the complexity and the myriad of services that are supposedly out there for people that the unemployed have no idea about and have no knowledge about how to access.

And I would like to go back to the story I related about the man who lost his car, his telephone and his newspaper. Even when you have these services, how do these people get there?

Mr. **Martinez**. I agree with you and understand the complexity of the problem. Even in our offices there are people who come to us for aid who can simply be directed to an agency that provides services they were unaware of. It is difficult for everyone to do an adequate job of informing the public what is available to them.

Mr. **Stone**. That is right.

Mr. **Martinez**. You talked about the individuals that go on to menial jobs as a result of being institutionalized. They apparently see that as failure and become inhibited about returning to the same position level they had prior to being helped. Is that correct?

Mr. **Stone**. Yes. And let me suggest something else. Walk down to an unemployment line and look at the faces of the people who stand in line. You don't see a lot of kidding around. You don't see a lot of laughing. Look at how people are dressed. Watch how people are dressed, the attitude that they have, the posture, the look on their face when they go looking for jobs.

Many, and most unemployed people are very depressed. They don't feel very good. They don't feel very good about themselves. What kind of a chance do these people have of getting a job when they look like that, act like that, and feel like that? It is lousy. And so you see a lot of job skidding.

Mr. **Martinez**. In the programs where you provide help and counseling, are there specific programs designed to increase self-image? What is being done to help people realize that their plight isn't because of their own failure, but a failure of the economy?

There is a gentleman on the west coast, in the Los Angeles County area, Charles Chavez, who started kind of a job retraining service. He seemed to realize that a big part of getting these people back to work was to increase their self-image.

Is this something that would be viable for the 15 to 20 percent of the work force that you mentioned?

Mr. **Stone**. I can't speak knowledgeably about that particular program. I know about it from having heard about it myself, but that type of program, yes, absolutely, may be helpful.

We need to build confidence back in these people's lives to help them understand that this isn't their failure, that this is the failure of our economy and of our system and not their personal failure. That is extremely important.

One of the very first things we do at our mental health center is to try to do even little things to help people reestablish control over their own lives, even if it means just helping them regain the routines that they had before they were unemployed so they get back a sense of rhythm about their lives.

But, yes, we need things that help build self-confidence, because what we are really trying to overcome here is a lack of confidence. People have no idea of the number of skills that they have and that they can offer a potential employer but when you are depressed you don't have any knowledge of them. It is like a deep, dark tunnel that you are going down. You are just not aware of the options that are around you.

We have helped many people turn hobbies into actual vocations and that makes a difference. But the answer is yes, anything that builds people up and helps them regain confidence is positive.

Mr. **Martinez**. Thank you.

Mr. **Miller**. The institutionalization that was referred to in your testimony—can we assume that that is also not just the unemployed worker but other members of that family?

Mr. **Stone**. Yes, we can but what I am talking about is this has an impact on the entire family.

Mr. **Miller**. The increase that you use in terms of institutionalization in the area in which you are working now, would that increase just involve the unemployed worker or is that increase attributable to the family members of the unemployed as well?

Mr. **Stone**. Yes, sir. That would include family members, children, wives, husbands, if the woman is working.

Mr. **Miller**. Is there any breakdown in terms of the increase among children?

Mr. **Stone**. That is difficult to obtain because sometimes institutionalization means that they have been adjudicated delinquent and they have gone through that kind of a process, and we may or may not know about it but I would be happy to collect further information on it and pass it on to the committee.

Mr. Miller. Thank you very much and thank you for your testimony, Mr. Stone.

Mr. Stone. Thank you for the opportunity.

Mr. Miller. Next the committee will hear from a panel comprised of Mr. David Mills, Office of Children, Youth and Families, Madison, Wis., and Judge Charles Schudson from the Children's Court in Milwaukee, Wis., and Barbara Shaw, executive director of the Illinois Coalition Against Domestic Violence.

Mr. Mills, we will let you go first and your prepared testimony will be inserted in the record in its entirety and feel free to either summarize it or to read it.

We obviously are trying to leave as much time as we can for questions from members of the committee.

STATEMENT OF DAVID C. MILLS, DIRECTOR, OFFICE OF CHILDREN, YOUTH AND FAMILIES, DIVISION OF COMMUNITY SERVICES, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, MADISON, WIS.

Mr. Mills. Very good.

I would like to do some paraphrasing of my written testimony and realize that the entire testimony will be put in the record.

I presently serve as director of Wisconsin's Office of Children, Youth and Families in our Department of Health and Social Services.

As the written testimony indicates, I have a wide variety of responsibilities for programs including child abuse and neglect and including spousal abuse.

I am pleased to have the opportunity to be here today and offer testimony but, quite frankly, wish the circumstances were somewhat different.

The information that I, too, have to share paints a picture of misery for many Wisconsin families and children and women in particular.

Although the information that I have and I am going to present today is not conclusive in and of itself, it suggests that the turmoil and the stress that is caused by the increased unemployment definitely is a factor in increased abuse both of women and of children.

What I would like to do is first share some very specific information that I have concerning child abuse and neglect reporting in Wisconsin as contrasted with unemployment rates and then move on to make some comments about spousal abuse.

In the case of the child abuse information, after consulting with labor market experts in our department of industry, labor and human relations, I determined that the best way to learn of information for calendar year 1981 was to compare unemployment rates by taking "snapshots" in time from January 1981 with January 1982; then to take that information and contrast it with child abuse reporting rates during calendar year 1981.

Let me ask as I review the information that three points be kept in mind. First of all, the majority of the information that I have relates to cases which required investigation of abuse and neglect as opposed to cases determined to be "indicated" or confirmed after investigation. I will say more about that later.

For our least populous counties in Wisconsin, small numbers can mean large percentage increases and as we look at some information in a moment that is important. This holds both for unemployment changes and child abuse reporting.

The third point is that reports of suspected child abuse to a central registry such as we operate in Wisconsin probably represent only a small portion of the total number of reports which actually should be made.

At the end of the written testimony there is an attachment, it is the second to the last page.

You may wish to follow along. It includes information on specific Wisconsin counties and I got that specific in order to convey the import of the information that is there.

In table 1, I show that the child abuse reporting in 1981 increased in the State by 6.3 percent.

In the second table you see a listing of the 10 counties that experienced the greatest actual increases in unemployment rates during that one year period of 1981.

One county declined in reporting during that time period. For counties which experienced 3.1 percent increase in actual unemployment rates, and that is all 10 counties in table 1, the average simultaneous increase in child abuse and neglect reporting was 122.8 percent. That compares with the 6.3 percent increase statewide during that same time period of child abuse reporting.

Having seen this information on the 10 counties with the greatest increase in unemployment, I took a look at those 10 with the greatest decrease in unemployment and, fortunately for Wisconsin, during 1981 there actually were 10 counties that decreased in unemployment. That is a phenomenon that has not continued to occur.

Taking a look at table 3 for a moment then, what you will see is that 8 of the 10 counties in Wisconsin that experienced declines in unemployment rates simultaneously incurred decreases in their child abuse and neglect reporting.

The summary information for the State as a whole during that 1981 period looks like this. There are 72 counties in the State of Wisconsin, 51 of them during this time period showed an increase in unemployment rates; 35 of those showed simultaneous increases in child abuse reporting, 21 counties decreased in their unemployment rates; 15 of those decreased simultaneously in their child abuse reporting.

Additionally, I took a look at information covering a 2-year period on the unemployment rate side. Unfortunately, I wasn't able to back up that far on the child abuse reporting side because of some changes in our child abuse reporting law that occurred during 1979. Basically what I found was that if you do take a look at the 1979 through 1981 period you find that those same 10 counties that were highest in unemployment during 1981 averaged an increase of 68.7 percent in their child abuse reporting over the 2-year, 1979–81 period.

I think that that continues to show that the pattern is there and that it wasn't a 1-year phenomenon.

The 10 counties that I took a look at earlier in table 3 whose average unemployment rate either decreased or increased least over the 2-year period simultaneously showed an increase in child abuse reporting of only 12.3 percent, So, contrasting those 2 figures, 68.7 and 12.3 percent, again gives some credence to the fact that this was a trend that made sense for more than a single year.

I tried to find as much as I could about our 1982 information before coming to the hearing but unfortunately we have a lag period in reporting in the county so I was not able to do an update for 1982.

A couple of observations, though, on the basis of some projections that I did make:

First of all, I project that we will have an increase in child abuse reporting statewide of about 7.5 percent in 1982. The largest Wisconsin counties which also happen to be those that have the highest rates of unemployment, generally speaking, seem to be showing sizable increases in child abuse reporting beyond the statewide average.

In the 10 counties that from table 2 before showed the greatest increase in unemployment during the previous period, 8 of them at this point continue to show increased child abuse in reporting well in excess of the statewide average for 1982.

Now, what does all this information mean?

First of all, I want to make sure I explain what this child abuse and unemployment doesn't mean.

The information doesn't attempt to show statistical validity but I think the conclusions that each of us can draw from the information are relatively clear. A lot more study would be needed to prove causality. I think the money would be better spent on services. It does not show that the information means that unemployed fathers necessarily are the ones who beat their kids although certainly unemployed fathers and mothers feel the stress and are from time to time engaged in child abuse and neglect.

One of the more unfortunate conclusions that I think could be drawn from this information is that child abuse is largely the problem of that unemployed family down the block.

I say that again not meaning that unemployed families aren't involved with a serious amount of stress and that that stress doesn't produce child abuse and neglect but that the child abuse problem is also much larger than merely with those families and I think to look at those families as the ones most engaged in increased reporting of child abuse and neglect is a problem because too many of us would like to think that it is someone else's problem and not our own.

In this information I do not describe precisely who the abusers are but do talk about communities in which the stress levels are high and presumably in those communities, therefore, the stress of unemployment has caused the increase in child abuse and neglect reporting.

The final thing that I want to say is that I don't think that the child abuse and neglect problem has a solution that lies only in a full employment economy although I think that goes a long way toward solving some of the increased problems that we have seen recently.

I think that the solution is much more complicated and it really lies in changing society's acceptance of violence and acceptance of the notion that those who are less powerful, and generally happen to be women and children, are somehow property to be used and abused at will.

Simply stated, what the information that I have presented does show is (1) that in Wisconsin there are simultaneous sizable increases in actual unemployment rates and child abuse reporting rates in individual counties, (2) that there were sizable simultaneous decreases in unemployment rates and child abuse reporting and then, (3) finally, that when looked at over a 2-year period these same trends are quite visible.

Let me shift for a few moments to the spousal abuse problem in Wisconsin.

The data which I have here is not nearly as specific. Our office is responsible for providing staff services to our Governor's Council on Domestic Abuse and administering a grant program which funds 20 shelters and 15 other service providers statewide.

We have no mandatory reporting system and, therefore, the information that I want to share comes exclusively from our funded provider network.

First, I want to add some information that is not in the written testimony that I was able to get figures on just prior to leaving the State to come here. It has to do with the numbers that we served through the shelter system and through our other service providers during the past year.

First of all, women sheltered totaled approximately 2,200 during 1982. Children sheltered, approximately 2,850. Women and children counseled, 9,500. Crisis calls handled, 13,500, and information and referral services rendered, 13,000.

These numbers represent approximately a 33⅓-percent increase over the prior year but it is important to point out that the capacity of these shelters is limited and that that increase is just through making every effort on the part of shelters to provide the services that are so desperately needed.

It is not that demand really increased by 33 percent, but likely more. As a matter of fact, our estimates show that as many as 50 percent of the individuals who sought shelter service for themselves and for their children this last year had to be turned away from the shelter that they turned to.

In some instances, those women who were turned away no doubt received shelter at another service provider but in many instances, having had to face the problem of mounting enough courage and mounting enough strength to ask for help and break away from that abusive situation to begin with, many of those women, we believe, did not turn to another shelter and returned home to that abusive situation.

Some additional information from a shelter serving a small rural community that appeared on my table 2 earlier as a county with high unemployment increases. In 1981, seven women were sheltered from that county. It was a very rural county. Of those seven, five of the abusers were unemployed.

In 1982, nine women from that county were sheltered and six of the abusers were unemployed.

Kenosha County is a large urban county in southeastern Wisconsin with a heavy industry component and a large American Motors plant. From Kenosha County's police department by way of the Kenosha shelter comes this. The domestic disturbance log in 1981 shows that abusers were unemployed in 26 percent of the incidents reported. The same log in 1982 shows that abusers were unemployed in 34 percent of the calls.

A quote I think worth mentioning from a police officer that shared this information with the shelter director. "Unemployment and alcohol and drug abuse are turning law-abiding people into criminals and husband and wives into physical combatants."

As I mentioned before, shelters elsewhere had to turn away large numbers of individuals who needed the services, some of whom were served elsewhere and some of whom were not.

From all indications, many shelters are continuing to experience that same shortage of space. Completely aside, though, from the issue of overdemand for existing shelter services, Wisconsin faces the same problem that many other States do with respect to this target group needing services and that is that there are many areas where there really are no services available at all.

We are fortunate in our State to have a modest State grant program available that I mentioned before. Its funding level is $1.4 million per year at the present time. Many have argued that the advent of block grants should have provided the flexibility to States to begin to serve this target group as well but I think there are some very important distinctions and I want to point them out very quickly.

First of all, the victims of spousal abuse began gaining acceptance as a legitimate group to be served with public funds only a few short years ago, which happened to coincide with the beginning of retrenchment at both the State and Federal levels.

New target groups rarely get the services that they need at times when resources are short. This target group is no exception. Second, and I think most important, those who continue to control the purse strings at virtually any level of government continue to be men.

Despite our self-espoused concern for other human beings, I think there are far too many of us who continue to refuse to believe that this particular problem is as serious and as widespread as it truly is.

There are others who refuse to believe that the victims or survivors, as many choose to be called, are different and may need something other than traditional treatment services.

They often need a new array of unique services that our social service system hasn't been prepared to deliver before.

Let me close with a presumption, a question and a few additional observations:

Let's presume for a moment that the information that I shared points out not only that there is a major problem with increased violence directed toward women and children, but that recessionary economies and unemployment do exacerbate that problem.

Let us presume for a moment that there is validity both in the child abuse data that I have presented and in the shelter director comments who claim that in the case of victims where an abuser is unemployed that the beatings are frequently more serious and more frequent.

My question is, If we presume these things, what will the future bring if we decide to wait for an improved economy to produce enough revenue for the needed services both for services and prevention?

My observations are these and I will allow you to draw your own conclusions from them. The American Humane Association stated that over 840,000 reports of child abuse and neglect were made in 1981. Researchers tell us that violence is a learned behavior, and we know that children learn to model behavior very quickly.

A recent study of juvenile female offenders in Wisconsin shows that 79 percent of the young women included in the sample had experienced some form of injury as a result of physical punishment; in other words, child abuse.

Some reports have suggested that as many as four out of five incarcerated male offenders may have been abused as children. In the United States today, the FBI tells us that a woman is beaten every 18 seconds and child abuse is 129 percent as likely in a family where spouse abuse has occurred.

Increasingly, information is available which tends to support these presumptions. If the presumptions are correct and in light of these observations, can we afford to wait for the economy to improve itself? I think the answer is very clear. Thank you very much.

Mr. MILLER. Thank you.

[The prepared statement of David Mills follows:]

PREPARED STATEMENT OF DAVID MILLS, WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES

I presently serve as director of Wisconsin's Office for Children, Youth and Families within our Department of Health and Social Services. Responsibilities of my Office include policy and program development, legislation, budgetary and administrative responsibility for social service programs serving children, youth and families. Specifically, I have statewide responsibility for the following programs which are administered locally through our counties: adoption, foster care, permanency planning, services to single parents and families at risk, child abuse and neglect, child day care, spousal abuse, runaway, shelter care, and juvenile offender community programs.

I am pleased to have the opportunity to provide testimony today, although I wish the circumstances were somewhat different. The information which I intend to share, unfortunately, paints a picture of misery for Wisconsin families, and tradegy for many children and women in particular. Although not conclusive, the information suggests that the turmoil, the stress being experienced in local communities throughout the state may be exacerbated in areas hit hardest by a continuing and deepening recession. My comments will include some specific information and figures concerning child abuse and neglect reporting to be followed by additional somewhat anecdotal information on what is being seen in our shelters for victims of spouse abuse.

Let me begin with child abuse, and begin by describing the process by which I developed the data which follows. After consultation with labor market experts from our Department of Industry, Labor and Human Relations, I determined that the best way to measure the changing labor market trends during calendar year 1981 was to compare county unemployment rates in January of 1981 with January of 1982. Although the month of January typically shows somewhat higher unemployment rates for many counties, the comparison of figures for the same month in two different years does appear to establish general labor market trends (unemployment increases or decreases for one year to the next).

Additionally, in order to capture information about the change in child abuse reporting during the same calendar year, 1981, I compared total child abuse reports received during base year 1980 with the total received during calendar year 1981.

Let me ask that you keep the following points in mind as I review the results of the analysis:

1. The majority of the data relates to reports of cases which were investigated rather than cases "confirmed" after investigation.

2. For Wisconsin's least populous counties, small numerical changes cause major percentage increases, both in terms of unemployment rate changes and child abuse reporting; likewise, in the smallest counties, changes in staff members may have significant impact on child abuse reporting.

3. Reports of suspected child abuse to a central registry may represent only a small number of the incidents in which reporting should occur (experts generally claim that somewhere between 10 and 50 percent are reported); likewise, "confirmed" cases of abuse or neglect may represent only a small percentage of the actual cases which occur.

You may wish to refer to the attachment as I describe the result of the analysis.

As you will note in Table I, during the calendar year 1981 period, total reports in Wisconsin increased by 6.3 percent over calendar year 1980, from 7735 to 8226.

Looking at Table II, you will note that nine of the ten counties experiencing the greatest actual increases in unemployment during the one year period showed sizeable concurrent increases in child abuse and neglect reporting. One county declined in reporting during this period. For counties which experienced increases of 3.1 percent and above in actual unemployment rates, the simultaneous average increase in child abuse reporting was 122.8 percent.

Looking at Table III, you will first note that Wisconsin was fortunate to have several counties show slight decreases in actul unemployment rates during calendar year 1981, as measured by the January to January comparison, a phenomenon not repeated during 1982 when all Wisconsin counties but one have shown actual unemployment rate increases. Eight of the ten counties experiencing the greatest declines in actual unemployment rates concurrently experienced reductions in child abuse and neglect reporting.

Most interesting to me, however, was the summary information for the entire 72 Wisconsin counties contained in Table IV:

51 counties showed increased unemployment rates (Jan. 81 to Jan. 82). Of these 35 (68.6 percent) showed increased child abuse reporting.

21 counties showed decreased unemployment rates. Of these 15 (71.4 percent) showed decreased child abuse reporting while 2 showed no change from the prior year.

Additionally, I have examined the labor market information during the two year period, 1979-1981, as measured against the same child abuse reporting year of 1981. I did not compare the child abuse reporting for calendar year 1979 because of changes which were implemented in Wisconsin's reporting law during that period. Nevertheless, I was able to establish the following:

The 10 counties whose average annual unemployment rate increased most from 1979-1981, averaged an increase of 68.7 percent in child abuse reporting during calendar year 1981 (over 1980).

The 10 counties whose average annual unemployment rate either decreased or increased least from 1979 to 1981 showed increased child abuse reporting of only 12.3 percent.

Unfortunately, calendar year child abuse information is not yet available and, therefore, I am unable to update the information for at least several more weeks. I would be happy to share information with the Committee at that time. I have been able to "project" fourth quarter child abuse reporting for several individual counties, however, and share the following observations.

1. Child abuse and neglect reporting is projected to increase by 7.5 percent statewide for 1982.

2. The largest Wisconsin counties (most urban) appear to be showing sizeable increases in child abuse reporting beyond the statewide average (projected).

3. Of the 10 counties which showed the largest increases in unemployment from (Table II), eight continue to show abuse reporting in excess of the statewide average increase (projected).

What does this mean? First, I want to point out what it does not show.

The data do not show any causal relationship. I do not suggest that the information is statistically valid nor that unemployment causes abusive parents. It does not show that only unemployed fathers beat their kids. As a matter of fact, one of the most unfortunate conclusions which could be drawn from this information is that child abuse is largely the problem of "that unemployed family down the block." No information here describes who the abusers are, but rather it focuses on communities with sizeable unemployment problems and, therefore, presumably high stress levels.

Finally, it should not be concluded from this information that the "solution" to the child abuse problem lies only in a full employment economy. While this might help reduce strees which contributes to abuse, the solution is much more complicated and lies in changing societal acceptance of violence and acceptance of the notion that those less powerful—generally women and children—are somehow "property" to be used, and abused at will.

Simply stated, the information does show the following: (1) that there are sizeable simultaneous increases in actual unemployment rates and child abuse and neglect reporting in counties; (2) that there are simultaneous decreases in unemployment rates and child abuse reporting rates and (3) that these general trends are visible even when measured over the two year, 1980–82 period.

Let me now shift for a few moments to the problem of spousal abuse in Wisconsin. Unfortunately, I do not have data which is equally specific in this area. My office provides staff services to our Governor's Domestic Abuse Council and administers a grant program which provides partial funding to 20 shelters and 15 other service programs statewide. Wisconsin has no mandatory reporting system, either for police or other agencies, and the shelter system neither serves all areas of the state nor the entire population needing help. My information, therefore, comes from our funded provider network.

In preparing to address this committee, I asked providers in areas of high unemployment information on their caseload changes and thoughts about stress from unemployment as a contributing factor in situations of spousal abuse.

Two comments were made repeatedly by shelter Directors. First, 106 victims were even less willing to leave the abusive situation because of fears that welfare and other supports would not be available and because no jobs were available. The economy and reduced services made victims even more dependent on the abuser. Secondly, providers indicated that victims described beatings as often more frequent and more severe when the abuser was unemployed.

Additional information included the following:

(1) From a shelter which serves a small rural county which appeared on our high unemployment list (Table II):

7 women were sheltered from this county in 1981; 5 of the abusers were unemployed

9 women were sheltered in 1982; 6 of the abusers were unemployed

(2) From the Kenosha County Police Department by way of Kenosha's shelter came the following:

Domestic disturbance call logs in 1981 showed that abusers were unemployed in 26 percent of the incidents.

The same logs in 1982 show abusers to be unemployed in 34 percent of the calls.

A quote given to the shelter director from the Kenosha police officer with whom she spoke: "unemployment and alcohol and drug abuse are turning law-abiding people into criminals and husbands and wives into physical combatants."

(3) shelters in other communities experiencing major unemployment increases report that demand for space far outstrips capacity. In reports from selected months during 1982 for instance, lack of space forced two Milwaukee facilities and the sole Dane County shelter to turn away as many women and children as they were able to serve.

From all indications, many shelters are continuing to experience the same shortage of space and are being forced to deny shelter to victims. Some of those denied services are helped elsewhere, others are not. Some, having had to muster all the strength they possibly could to break away and ask for help, undoubtedly return home rather than facing that internal struggle anew at another shelter.

Completely aside from the issue of overdemand for existing shelter services, Wisconsin and other states continue to lack any shelter facility in many areas of the state. We, in Wisconsin, are fortunate to have the modest state-sponsored grant program which I have mentioned, but it represents too few services for too many victims. Many argue that the advent of block grants for federal funds should have provided states with the flexibility to serve this target group along with others. Some very important distinctions exist, however, and must be pointed out. First, victims of spousal abuse begin gaining acceptance as a legitimate group to be served with public funds a few short years ago (which happened to coincide with the beginning of state and federal retrenchment). New target groups rarely receive appropriate attention when resources decline and this has been no exception. Second, and most important, those who continue to control the purse strings at any level of government continue to be men, and many of us, despite all of our self-espoused concern for other human beings, continue to refuse to believe that this problem is really this serious and this widespread. Others refuse to believe that victims—or "survivors," as many choose to be called—are somehow different and that they may not need traditional "treatment."

Let me close my comments with a presumption, a question, and a few additional observations. Let us presume for a moment that we not only have a major problem with violence directed toward women and children, but that recessionary economies provide additional stress which exacerbate that problem. Let us presume that there is validity both in my child abuse data and the comments of Wisconsin's shelter directors when they say that beatings of women are more frequent and more severe when the abuser is unemployed.

My question is, "if we presume these things, what will the future bring if we decide to wait for an improved economy to produce enough money for needed services?"

My observations are these, and, from them you may draw your own conclusion:

American Humane Association states that 840,000 reports of child abuse or neglect were made in 1981.

Researchers tell us that violence is a learned behavior, and children learn to "model" behavior quickly.

Some reports have shown that child abuse is 129 percent more likely in a family where spouse abuse has occurred.

In a recent Wisconsin study of imprisoned female juvenile offenders, 79 percent of the young women included in the sample had experienced some form of injury as a result of physical punishment.

Some reports suggest that as many as 4 out of 5 incarcerated male offenders may have been abused as children.

In the United States today, a woman is beaten every 18 seconds.

Increasingly, information is available which tends to support these presumptions. If the presumptions are correct, can we afford to wait? I think the answer is clear.

Thank you very much for the opportunity to appear.

Attachment

Testimony of
David Mills
1/31/83

Table I

Initial Reports Requiring Investigation of Child Abuse and Neglect, Statewide

	Total Investigations Child Abuse and/or Neglect	
CY 1980	7735	
CY 1981	8226	(+6.3%)

Table II

Ten Counties with Greatest Increases in Unemployment Rates January 1981 to January 1982

		Unemployment Rate Increase Jan. 81		Jan. 82	% Inc.	% Change in Child Abuse Reporting	
1.	Rock	8.8%	to	16.8%	(up 8.0%)	+	17.3%
2.	Forest	14.0%	to	21.7%	(up 7.7%)	+	167.0%
3.	Grant	9.1%	to	14.5%	(up 5.4%)	+	37.4%
4.	Taylor	12.4%	to	16.8%	(up 4.4%)	+	274.0%
5.	Sawyer	14.9%	to	18.8%	(up 3.9%)	+	50.0%
6.	Richland	8.9%	to	12.3%	(up 3.9%)	+	600.0%
7.	Door	8.4%	to	11.6%	(up 3.2%)	+	32.4%
8.	Menominee	35.8%	to	39.0%	(up 3.2%)	+	39.5%
9.	Kewaunee	9.7%	to	12.8%	(up 3.1%)	down	42.0%
10.	Racine	10.1%	to	13.2%	(up 3.1%	+	52.7%
						Average increase	122.8%

Nine of the ten counties experiencing the greatest increases in unemployment from January 1981 to January 1982 showed significant concurrent increases in child abuse and neglect reporting. One county, Kewaunee, experienced a decrease in child abuse reporting during this period. For counties which experienced increases of 3.1% and above in actual unemployment rates, the simultaneous average increase in child abuse reporting was 122.8%.

Table III

Ten Counties with Greatest Decreases in Unemployment Rates, January 1981 to January 1982

		Unemployment Rate Increase			% Change in Child Abuse Reporting
		Jan. 81	Jan. 82	% Inc.	
1.	Jackson	13.6% to	11.1%	(down 2.5%)	up 320 %
2.	Douglas	12.7% to	11.0%	(down 1.7%)	up 61 %
3.	Bayfield	12.7% to	11.1%	(down 1.6%)	- 27.4%
4.	Monroe	10.6% to	9.6%	(down 1.0%)	- 19.1%
5.	Shawano	10.1% to	9.4%	(down .7%)	- 12.5%
6.	Fond du Lac	9.9% to	9.3%	(down .6%)	- 30.3%
7.	Winnebago	8.9% to	8.3%	(down .6%)	- 18.9%
8.	Waupaca	11.1% to	10.5%	(down .6%)	- 30.2%
9.	Ashland	11.1% to	10.5%	(down .6%)	- 21.9%
10.	Barron	8.8% to	8.2%	(down .6%)	- 7.1%

Eight of the ten counties experiencing the greatest declines in actual unemployment rates concurrently experienced reductions in child abuse and neglect reporting.

Table IV

Summary Information

51 counties showed increased unemployment rates (Jan. 81 - Jan. 82)
- of these, 35 (68.6%) showed increased child abuse and neglect reporting

21 counties showed decreased unemployment rates
- of these, 15 (71.4%) showed decreased child abuse and neglect reporting; 2 showed no change from prior year

Of the 17 counties which showed unemployment rate increases of 2% or more, 15 experienced increased child abuse reporting and the average increase over CY 80 was 101.4%.

Sources: 1. Child abuse data: Wisconsin Child Abuse Registry, operated by the Wisconsin Department of Health and Social Services

2. Labor market information: Wisconsin Department of Industry, Labor and Human Relations

Mr. MILLER. Judge Schudson.

STATEMENT OF JUDGE CHARLES B. SCHUDSON, CHILDREN'S COURT, MILWAUKEE, WIS.

Judge SCHUDSON. My name is Charles Schudson. I am a Wisconsin Circuit Court judge, assigned to the juvenile division in Milwaukee. The juvenile division has exclusive jurisdiction over those under 18 and our caseload falls into two areas: First of all, about 80 percent of the cases I see are crimes committed by children, and about 20 percent of the caseload involves cases of neglect, abandonment, and abuse to children.

Knowing that you will hear from experts from many other fields, I will focus on three areas of unemployment's relationship to crimes involving children; first of all, crimes by children with no prior criminal record; second, crimes against children by their parents; and third, the most serious, for my purposes of discussion this morning, violent crimes by children who are not responsive to probation or corrections.

In recent months, I have seen crimes committed by teenagers with no history of criminal conduct. Although the crimes usually are nonviolent, they often are serious thefts or residential burglaries. The parents, teachers and friends are shocked and confused by the crimes. However, the pre-sentence reports reveal that the period of criminality coincided with periods of family stress resulting from a parent's layoff, or the end of unemployment compensation.

Similarly, I have seen cases of child abuse by parents breaking under the pressure of unemployment. A job is lost, home and security are threatened, pride is shattered. Alcohol use increases and stress intensifies. Good and loving parents lose patience and judgment. The needs of a crying infant or a demanding child are met with emotional and physical abuse.

These are subjects you have already heard discussed and I believe others will discuss them further. Perhaps where I can be of greatest assistance is in discussing the even more devastating link between unemployment and the repeated and violent crimes by children who seem unresponsive to even the best system of education, counseling, probation or corrections.

To understand why America is suffering with chronic and serious juvenile crime, we must consider how children are affected by new social forces and unemployment.

Certainly, we see that today's generation of teenagers is the first to grow up learning that sex and violence are fashionable. This is the first generation to have been force-fed a sugar-based diet trimmed with alcohol, tobacco and drugs, leaving children unable to function in school. This is the first generation of teenagers to have easy access to loaded guns.

But as we know, junk food, alcohol, violent TV shows, and guns don't commit crimes; children do. So, recognition of these new conditions begs the questions: Why, recently, have children embraced self-destructive life styles, and terrorized their communities? Don't they care about the future—their future?

They do not. Many children have stopped focusing beyond the demands of peer approval and instant gratification. I often say to a child in court, "You have 60 more years to live. What you do with the next year—on probation, or in reform school—will make those years good or bad." Often the responding glare is, "Hey, Judge, terrific—60 years of unemployment."

Our society is losing to the "hopeless factor," that sense of utter despair that the future holds nothing. Never has that "hopeless factor" consumed America's children as it does today. Even during war or depression, young Americans believed the future would be better.

Now, a generation of teenagers has seen parents, brothers and sisters, without jobs even if they stayed in school, worked hard, and followed all the rules. For many children, the next 60 seconds of excitement and gratification spare them the focus on the next 60 years of hopelessness.

So we have children today, subject to the same peer pressures and adolescent developmental stages as always. But they are experiencing hopelessness that is devastating. With their hopelessness, they have loaded guns in a society that glorifies violence. And right behind them is a generation exploding from teenage pregnancies, that promises to overwhelm our country with unstable families, and neglected and abused children.

Until we put the solid prospect of a job in front of every child, children will turn away from the future. In anger and frustration, they will rape, rob and murder others, and destroy themselves. With random and growing violence, our hopeless children will destroy the future of America, which seems to have ignored the Indian poet Tagore, who said, "Every child born in the world is a sign that God has not yet given up hope."

Thank you.

Mr. MILLER. Thank you.

Ms. Shaw.

STATEMENT OF BARBARA SHAW, EXECUTIVE DIRECTOR, ILLINOIS COALITION AGAINST DOMESTIC VIOLENCE

Ms. SHAW. Good morning. My name is Barbara Shaw. I represent the Illinois Coalition Against Domestic Violence, a statewide network of community-based programs providing shelter, counseling, advocacy and crisis intervention services to battered women, their children, and whenever possible, to their abusers. Over 12,000 women and their children sought refuge and assistance from coalition programs last year, a figure said to represent no more than 35 percent of the potential users of these services.

Before continuing, I want to take this time to recognize and commend Chairman Miller for his leadership in confronting domestic violence through sponsorship of funding legislation for domestic violence services, an important step.

This testimony will focus on domestic violence—spouse abuse—as it relates to unemployment. I have come today to report to you from various communities in the State of Illinois what is happening in domestic violence programs as affected by unemployment, but before continuing I would like to ask the committee to consider two major points.

First, domestic violence is criminal, of epidemic proportions and has devastating consequences. It is assault, battery and homicide. It breaks bones, causes miscarriages, internal injuries and death. According to the FBI, domestic violence results in 25 percent of all homicides and 40 percent of police injuries. Eighty percent of violent juvenile and adult offenders had domestic violence in their family background.

Violence in all forms: Homicide, abuse and battery, incest, neglect; and with all its victims: Battered wives, abused children, the elderly, is a devastating phenomenon and is of epidemic proportions in our society, pointing to great vulnerability in our Nation's domestic security. Domestic violence must be stopped and prevented.

The second point I wish to make before I continue is that while I would never claim unemployment and adverse economic conditions to be the sole cause of domestic violence, there must be no doubt that they, like alcohol, can significantly affect the occurrence, frequency and severity of violence in the family.

The work ethic of this society is such that gainful employment is the only means by which those not born to wealth can acquire the resources necessary to live a safe, healthy, and reasonably happy life.

Loss of employment is a major life trauma. It shakes the economic, interpersonal and social security of the individual, the family and the community. Loss of income results in drastic lifestyle changes, inability to support dependents, anger, hopelessness, loss of selfworth and fear. Loss of hard-earned possessions often occurs. The stress is profound.

Exacerbated by the socialized violence and aggression of our society and the rigid role expectations we have of the "breadwinner of the family," the strain of unemployment can be a devastating catalyst of violent family breakdown.

The Family Service Association of America, in a national survey of member agencies, reported that 74 percent of the responding programs have seen increased incidents of family violence in their caseloads since last year. The most frequently mentioned cause is economic stress, particularly that experienced by the unemployed.

Moving from the national sphere, I will now report the experience of domestic violence programs in certain Illinois communities. I will also share two individual case stories. I might mention at this point that though several of these domestic violence programs had already taken the initiative to report the impact of unemployment on caseloads, a special survey was done of our member programs to bring you this information today.

Look at Peoria; 18-percent unemployment, major industrial town.

In February, when Pabst Brewing Co. closed its local brewery leaving 600 jobless, the percentage of women staying at the shelter whose husbands were unemployed skyrocketed from an average of 33 percent to 70 percent.

After Caterpillar Tractor Co. laid off 4,000 workers in late May, the number of women and children staying at the shelter jumped from an average of 85 per month to 120 in June and 150 in July.

The income level of families seeking assistance has increased—more are middle-income families since January of last year.

Women are staying longer at the shelter.

Domestic violence cuts across all economic levels of our society. This information that I am presenting to you today is not to suggest that domestic violence only occurs in middle and upper income families where loss of employment is occurring.

Look at the Alton community, 18-percent unemployment, an industrial Mississippi River town, at one time one of the highest per capita communities in the country.

Dramatic increase in number of victims reporting their abusers' unemployment as a factor in the abuse pattern.

Reports constantly full shelter and considerable increase in followup and nonresidential services.

The next point is very important: Women victims not able or willing to leave their situations because they lack economic options, but they still need and seek services.

Higher incidence of new battering.

And more higher income level women whose husbands lost their jobs are seeking shelter.

One case in point in Alton is Marie, whose husband is an unemployed steel worker. He had a history of verbally abusing Marie and their two small children, with isolated incidents of physical abuse when he became intoxicated. Since his layoff from the local steel mill 6 months ago, the physical abuse has escalated. He has periods of violent behavior when he plays with guns, threatens to kill Marie and the children and then himself. On other occasions, he leaves the house after a battering incident, takes a firearm with him and threatens to kill himself because "he is no good and can't take care of his family." It became necessary for Marie to leave home and seek safety at the shelter.

DuPage County, 9-percent unemployment, very high for a community identifying itself as upper middle income, with a previously average per capita income of $39,000 per year. The shelter director reports that the consequences of unemployment in that community are devastating.

The number of women calling for help quadrupled in the past year.

Shelter is always filled to capacity now.

More frequent and more severe abuse is reported.

Police, hospitals and mental health professionals are increasingly asking the program for help for traumatized families.

Aurora: 17-percent unemployment, old industrial town.

This shelter reports that it provided 30 percent more shelter days and hours of service in 1982 than in 1981.

In November and December of 1982, the number of victims reporting unemployment in the family more than doubled—up from 15 percent to 35 percent—over those reporting during the same period in 1981.

Rockford, 22-percent unemployment; major industrial town in Illinois.

The Rockford shelter reports 25-percent increase in calls for help; 30-percent increase in number of people receiving assistance.

The shelter has been full most of the time for the past few months.

Most of the abusers are unemployed, not true at this time last year.

The coordinator reminds us that it is not just the loss of income but also the loss of self-worth and the long hours with "nothing useful to do," that contributes to mounting tension and violence.

Danville: 22-percent unemployment, an old industrial community in Illinois.

The Danville shelter served as many battered women in the first 6 months of 1982 as in the entire previous year.

Seventy-five to 80 percent of victims site layoffs as either precipitating first-time violence against them or aggravating the frequency and severity of abuse in relationships where violence had occurred previously.

Drug and alcohol abuse programs report seeing the same increases and again more middle-income women seeking help.

The Danville shelter did an intake with a woman in a stable marriage for 5 years. Her husband was laid off in mid-summer of 1982 from his Federal Government job. He began doing car repair work at home to keep some money coming in. That has declined, since people cannot now afford to get cars fixed.

As a result of the layoff and her inability to find paying work, financial pressures mounted; their lifestyle has been middle income, but they cannot sustain that now; might lose their house; are unable to supply for their three children as they used to. Emotional abuse has been growing over the past few months; the tension erupted into voilence for the first time ever last week. The woman is working on an order of protection from the court now, and will seek court-ordered counseling for the man. Court-ordered employment might be the best help for this family.

The trends suggested by these community reports indicate that unemployment can be said to: First, increase the likelihood of first-time battering; second, increase the frequency and severity of abuse where violence had occurred previously; third, increase the demand for shelter and related support services; fourth, increase the number of victims remaining in or returning to abusive environments because of lack of economic options and/or sympathy for the abuser because of his unemployed status; and last, result in a greater percentage of middle and upper income women seeking domestic violence services.

In light of the aforementioned, may I suggest that this committee and this Congress take the leadership necessary to create economic, labor and budget policies which provide:

Full employment for all those able to work.

Income security programs which guarantee income against disability, temporary unemployment, et cetera.

A reasonable income maintenance standard for those unable to work.

Domestic violence intervention and prevention programs.

The budget to implement all these.

In closing, I put before you that this country's national defense rests not only on our ability to negotiate a peaceful agreement in a complex international scenario or on our ability to defend ourselves against a hostile or agressive invader. Our national security also depends on our domestic tranquility—our ability to foster peaceful cooperative families, neighborhoods and communities free of physical and psychological assault.

Every 5 years the intrafamily homicide toll equals that of the American death toll in the Vietnam war. Unemployment, domestic violence, income security are defense budget issues.

Thank you.

[The prepared statement of Barbara Shaw follows:]

PREPARED STATEMENT OF BARBARA SHAW, EXECUTIVE DIRECTOR, ILLINOIS COALITION AGAINST DOMESTIC VIOLENCE HEARING

Thank you for the opportunity to address this committee on such a critical topic, the impact of unemployment on the family. I represent the Illinois Coalition Against Domestic Violence, a statewide network of community-based programs providing shelter, counseling, advocacy and crisis intervention services to battered women, their children, and whenever possible, to their abusers. Over twelve thousand women and their children sought refuge and assistance from Coalition programs last year, a figure said to represent no more than 35 percent of the potential users of these services.

Before continuing, I want to take this time to recognize and commend Chairman Miller for his leadership in confronting domestic violence through sponsorship of funding legislation for domestic violence services.

This testimony will focus on domestic violence—spouse abuse—as it relates to unemployment. Before reporting the Illinois experience, let me ask the committee members to keep in mind two very important points.

1. Domestic violence is criminal, of epidemic proportions and has devastating consequences. It is assault, battery and homicide. It breaks bones, causes miscarriages, internal injuries and death. Domestic violence results in 25 percent of all homicides; 40 percent of police injuries; and 80 percent of violent juvenile and adult offenders.

Violence in the family, in all its forms: homicide, abuse, incest, neglect; and with all its victims: battered wives, abused children, the elderly; is a devastating phenomenon and is of epidemic proportions in our society, pointing to greater vulnerability in [illegible] nation's domestic security. Domestic violence must be stopped and prevented.

2. While I would never claim unemployment and adverse economic conditions to be the sole cause of domestic violence, there must be no doubt that they, like alcohol, can significantly affect the occurance, frequency and severity of violence in the family.

The work ethic of this society is such that gainful employment is the only means by which those not born to wealth can acquire the resources necessary to live a safe, healthy and reasonably happy life. Employment is not only a means of personal and family survival, it is also a major factor in one's sense of personal and societal identity and worth. Work is a significant sphere of our lives: we spend years and thousands of dollars preparing our children to work; workers spend at least 50-60 percent of their awake time at work, commuting to it or recuperating from it.

Loss of employment is a major life trauma. It shakes the economic, interpersonal and social security of the individual, the family and the community. Loss of income results in drastic lifestyle changes, inability to support dependents, anger, hopelessness, loss of self-worth and fear. Loss of hard-earned possessions often occurs. The stress is profound.

Exacerbated by the socialized violence and agression of our society and the rigid role expectations we have of the "breadwinner of the family," the strain of unemployment can be a devastating catalyst of violent family breakdown.

The Family Service Association of America, in a national survey of member agencies, reported that 74 percent of the responding programs have seen increased incidents of family violence in their caseloads since last year. The most frequently mentioned cause is economic stress, particularly that experienced by the unemployed.

Moving from the national sphere, I will now report the experience of domestic violence program in certain Illinois communities. I will also share two individual case stories.

Peoria (18 percent unemployment; major industrial town):

In February, when Pabst Brewing Co. closed its local brewery leaving 600 jobless, the percentage of women staying at the shelter whose husbands were unemployed skyrocketed from an average of 33 percent to 70 percent;

After Caterpillar Tractor Co. laid off 4,000 workers in late May, the number of women and children staying at the shelter jumped from an average of 85 per month to 120 in June and 150 in July;

The income level of families seeking assistance has increased—more are middle income families since January of last year; and

Women are staying longer at the shelter.

Alton (18 percent unemployment; industrial Mississippi River town):

Dramatic increase in number of victims reporting their abusers' unemployment as a factor in the abuse pattern;

Reports constantly full shelter and considerable increase in follow-up and non-residential services;

Women victims not able or willing to leave their situations because they lack economic options, but they still need and seek services;

Higher incidence of new battering; and

More higher income level women whose husbands lost their jobs are seeking shelter.

On case in point in Alton is Marie, whose husband is an unemployed steel worker. He had a history of verbally abusing Marie and their two small children, with isolated incidents of physical abuse when he became intoxicated. Since his layoff from the local steel mill six months ago, the physical abuse has escalated. He has periods of violent behavior when he plays with guns, threatens to kill Marie and the children and then himself. On other occassions, he leaves the house after a battering incident, takes a firearm with him and threatens to kill himself because "He is no good and can't take care of his family." It became necessary for Marie to leave home and seek safety at the shelter.

Du Page County (9 percent unemployment—high for this community which identifies itself as upper-middle income, with an average per capita income of $39,000):

The number of women calling for help quadrupled in the past year;

shelter is always filled to capacity now;

More frequent and more severe abuse is reported; and

Police, hospitals and mental health professionals are increasingly asking the program for help for traumatized families.

Aurora (17 percent unemployment; old industrial town):

Shelter reports that it provided 30 percent more shelter days and hours of service in 1982 than in 1981; and

In November and December of 1982, the number of victims reporting unemployment in the family more than doubled—up from 15 percent to 35 percent—over those reporting during the same period in 1981.

Rockford (22 percent unemployment; major industrial town):

Reports 25 percent increase in calls for help;

30 percent increase in number of people receiving assistance;

Full most of the time for the past 2–3 months; and

Majority of men in their abusers group are now unemployed (which was not true last year at this time).

It is the Rockford Services Coordinator who reminds us that it is not just the loss of money, but also the loss of self-worth, the long hours with "nothing useful to do" that contributes to mounting tension and violence.

Danville (22 percent unemployment; old industrial community):

Served as many battered women in the first six months of 1982 as in the entire previous year;

75–80 percent of victims cite lay-offs as either precipitating first-time violence against them or aggravating the frequency and severity of abuse in relationships where it had occurred before;

Drug and alcohol abuse treatment programs report seeing the same increases; and

More middle-income women seeking help.

The Danville shelter director did an intake with a woman who had been in a stable marriage for five years. Her husband was laid off in mid-summer of 1982 from his federal government job. He began doing car repair work at home to keep some money coming in. That has declined, since people cannot now afford to get cars fixed. As a result of the layoff and her inability to find paying work, financial pressures mounted; their lifestyle has been middle-income, but they cannot sustain that now, might lose their house, are unable to supply for their three children as they used to. Emotional abuse has been growing over the past few months; the tension erupted into violence for the first time ever last week. The woman is working on an order of protection from the Court now, and will seek court-ordered counseling for the man. Court-ordered employment might be the best help for this family.

The trends suggested by these community reports indicate that unemployment can be said to:

Increase the likelihood of first-time battering;

Increase the frequency and severity of abuse where violence had occurred previously;

Increase the demand for shelter and related support services;

Increase the number of victims remaining in or returning to abusive environments because of lack of economic options and/or sympathy for the abuser because of his unemployed status; and

Result in a greater percentage of middle and upper income women seeking domestic violence services.

In light of the aforementioned, may I suggest that this Committee and this Congress take the leadership necessary to create economic, labor and budget policies which provide:

Full employment for all those able to work;

Income security programs which guarantee income against disability, temporary unemployment, etc.;

A reasonable income maintenance standard for those unable to work; and

Domestic violence intervention and prevention programs.

The budget to implement all these!

In closing, I put before you that this country's national defense rests not only on our ability to negotiate a peaceful agreement in a complex international scenario or on our ability to defend ourselves against a hostile or aggressive invader. Our national security also depends on our domestic tranquillity—our ability to foster peaceful cooperative families, neighborhoods and communities free of physical and psychological assault.

Every five years the intra-family homicide toll equals that of the American death toll in the Viet Nam war. Unemployment, domestic violence, income security are defense budget issues.

Thank you.

Mr. MILLER. Thank you very much.

I must say that this panel paints a very distressing and disturbing picture. The link that you draw between unemployment and the resulting instability in the family in and of itself should be most disturbing to policymakers. But let me also suggest, gentlemen, that the linkage that you draw between family instability and the witnessing of the loss of jobs and the loss of self-esteem by young children who turn to the kind of behavior that you have described may be far more alarming than anything we have heard so far this morning.

Correct me if I am wrong, but there is a very strong suggestion in your testimony that in fact we are breeding a psychosis in young children because of the despair they witness in their families, whether it is in their immediate family or that of relatives and the sense of hopelessness that you testified to.

Judge SCHUDSON. That may be accurate when you consider my remarks in relation to Judson Stone's. He talked about developmental stages of the child. Consider that a typical 14-year-old has been cognizant of conditions around him for perhaps 4 or 5 years, so that his entire conscious life has seen nothing but unemployment.

There is nothing in his entire outlook to have him expect anything other than desperation and hopelessness. So we are not talking about a short period of time where he has seen unemployment as one of the possibilities. That boy or girl considers unemployment the only thing that exists in life. So what you term a psychosis is now the normal mental outlook on his or her life. It is something that says there are no jobs out there, there is no future Therefore, those teachers and parents and counselors who say apply yourself, learn to read, learn to write, study so that the future can be good, are making a losing argument.

The future orientation is gone. What lies in the future is seen through the examples of the older brothers and sisters and the parents, and that is absolutely discouraging. So that as an almost ironic, "logical" response to that lack of future, the child responds by saying why not give in to the peer influence or the youth gangs that say, "Come on, get the fast action, gratify yourself with instant violence, sex," or whatever it might be. Many youths no longer see an alternative.

So I think unemployment has a serious long-term effect. We have an entire generation growing up that has no other outlook even if we bring about improvements in unemployment for the future. In consideration of that we have to reexamine policies that are talking about long-term improvements. Those may come, but we are going to have an entire generation that can be lost nonetheless.

Mr. Miller. Apparently, from the testimony, not only are these children witnessing the economic despair, but they are also witnessing a substantial amount of violence in that family setting.

Judge Schudson. Yes.

Mr. Miller. In some instances it is not acted out against them, but they are seeing their parent as role models with respect to how they treat one another.

Mr. Mills. I definitely agree with that. As a matter of fact, one of the figures that I cited at the very end of my comments had to do with reports that recently showed that the likelihood of child abuse occurring is 129-percent greater where spouse abuse has occurred previously.

I think that within the family the witnessing of violence is really having a pronounced effect. Many children are beginning to model that behavior themselves and in turn sibling violence is increasing at a rapid rate as well.

Mr. Miller. Let me just say that, in the context in which the children are growing up in this family with the additional stress of unemployment, the statistics are bad enough in terms of child abuse and spousal abuse for employed families. When you put on the additional stress of these families, as indicated in your testimony, Ms. Shaw, of the first time batteries that take place in the families, it would not appear that the simple extension of unemployment benefits is going to solve this problem in terms of providing the kinds of hopes and aspirations that these families should be delivering to their children. Keeping the breadwinner in unemployment benefits for an additional 6 months or additional year is not going to provide that kind of self-esteem.

It is going to lessen many of these tensions, it may do a little bit in terms of the economic day-to-day life, but that will not solve the problems that you are raising here this morning, it seems to me. Argue with me if you differ, but I am concerned when we see that that is held out as the main tool to deal with this situation.

Ms. Shaw. I agree with you, Chairman Miller, which is why my first recommendation is full employment for those able to work. It is not enough to provide a basic minimal subsistence income. It is important for every individual to feel involved; to have an ethic of commitment and involvement and to feel that they are meaningful contributors to their family and to community life.

When you strip an individual of that opportunity, then you are stripping that individual of their sense of self-worth, and that is destructive to the individual and to the individual's support network.

Mr. MILLER. Judge, do you see a distinction in terms of the cases where you have had long-term unemployment or periodic unemployment? Is there a distinction when you get a child from a family unemployed for a year or longer?

Judge SCHUDSON. We see children for the first time, children committing crimes, that would normally not come to the courts.

Mr. MILLER. These children have nothing else in their record or background that would indicate they would carry out this kind of behavior?

Judge SCHUDSON. For the first time we see that the child responds to the heightened stress in the family, and one way can be crime. It becomes an intelligent response in drawing attention of support services to the family. Oftentimes, the child crime is the cry for help for the family, and that help gets delivered through probation services.

Mr. MILLER. Mr. Hawkins.

Mr. HAWKINS. The witnesses I think are so affirmative and strong in their testimony it leaves very little room for questions and none for disagreement. May I, however, ask Mr. Mills this question with respect to his testimony, including the charts on the last two pages. The tables that you used did indicate one or two exceptions to the general rule. May I ask whether or not in those instances any efforts were made to analyze why those particular counties deviated?

Mr. MILLS. Yes. We did undertake that. We weren't able to do that as we would have liked for all 72 counties, but for the exceptions in these tables we did. One on the first table, the one county that happened to show a decrease in their child abuse reporting in fact had a major, sizable increase in unemployment the prior year, and the measuring of the decrease in child abuse reported here therefore was a full year and a half after the time that the major crisis with unemployment had occurred.

It may very well have been that we would have seen the same kind of pattern if we had looked at that county earlier. That is a county that happens to have a major powerplant operating nearby. The powerplant undertook a number of repairs, laid off a large part of the work force, and they had a significant increase in child abuse reported a year prior to what was captured in the table.

In table 2, which happened to be the county that had the 1-year phenomena of decreased unemployment rates during that time, I don't recall the specifics of what we found except to mention Jackson County, one of our smallest counties, and therefore the size of the increase there indicates a relatively small number of child abuse reports.

One of the things that I do recall now, in response to your question, is that in Jackson County we found that there was one particular family with a large number of siblings, all of whom were involved in an abuse situation and therefore it tends to skew the increase in child reporting in that small-sized locality.

Mr. HAWKINS. If I may ask one other question, inasmuch as these may be construed by some critics as isolated cases, is there any national compilation of such instances, of such cases that could be used on a national scale to document the case from a national point of view. Whether or not it is the children's courts or the community services on a national level or whatever organization may be doing it—does any one of the witnesses know whether or not there is any national clearinghouse of any kind that is in the business of compiling the same type of cases that you have given to us but on a national basis?

Mr. MILLS. I would offer one short response, and that is that because you need to isolate the community in which you are looking at the effects of unemployment and types of abuse, it is very difficult to compile those figures nationally and have them make sense.

One comment that comes to mind is the increase in the demand for services for youth who we view as status offenders. This ties in with the judge's comments, those youth who commit crimes that only youth can commit, truancy, running away, uncontrollability, et cetera.

Nationally there is a tremendous increase in demand for those services. The services are in fact being reduced. The fact that there is that increase I believe is testimony to the interrelationship of unemployment and the developmental patterns, uncertainty about the future, et cetera, that the judge referred to. But as far as a general clearinghouse, I am not aware of any.

Ms. SHAW. The National Clearinghouse on Child Abuse and Neglect may be a source of a national study on the relationship of unemployment to child abuse. There is no national network of domestic violence programs, other than the National Coalition Against Domestic Violence, which is not equipped to do this type of study at this time. There was an office of domestic violence in HEW 2 years ago, but it has been disbanded.

Judge SCHUDSON. I would like to advise you to not look for statistics and, in part, ignore those put forward for a number of reasons. If a government body waits for statistical proof, that proof will be misleading. We have yet to find that 2-year-old who has been abused registering with the Bureau of Statistics. Most of the crimes remain hidden.

I am distressed to see recent reports that say statistically that juvenile crime is falling. The statistics are misleading because often they report apprehensions, arrests, and convictions and that is more a reflection of police resources than conduct.

Even when the statistics talk about reported crimes, that is also a reflection of the confidence that people have in the crimnial justice system. The more confidence they have, the more likely they are to report crimes, and the more likely there are to be apprehensions, arrests, and convictions which yield those statistics.

In a time of tremendous strain on resources we know police resources are also being reduced. The result is that even if criminal conduct is increasing, the confidence in the system is reduced so reporting to police is less and apprehension by police is less.

Ironically then, what we have seen in all the intelligent studies of criminal statistics is when we have a reported increase in the crime rates it is likely that criminal conduct is coming down. Victims are more likely to report and witnesses are more likely to participate in the criminal justice system. Conversely, when we have crime statistics going down, it is just as likely that criminal conduct is actually increasing.

Mr. **Hawkins**. We need to be reminded that we shouldn't wait for statistical proof to do that which we should be doing anyway; that is reducing unemployment. Whether it leads to a reduction in the consequences mentioned, it does have value in itself and we shouldn't sit around and wait for such proof as we have heard this morning before we do that which is morally right anyway.

Judge **Schudson**. People from the universities have asked for statistical proof and I answered there is none, but come sit in my court for a day and you will have your proof.

Mr. **Miller**. Mr. Martinez.

Mr. **Martinez**. Could you expound somewhat on the hopelessness experienced by youths who are severely hit with unemployment in their areas?

Judge **Schudson**. In talking about the hopeless factor that consumes certain persons, I am talking about selected population groups. We know if we go to the nicest lilly-white suburb we will find juveniles who are looking at some unemployment, but there is a strong likelihood that there will be jobs out there. If we go to the most desperate portion of the inner cities we find groups facing 70 and 80 percent unemployment.

We are talking about minority teenagers who are looking at the numbers instinctively, perhaps not consciously, and correctly coming to the conclusion that as long as that group is 70 and 80 percent unemployed, the chances of a job are next to nothing. So it makes a difference what population group is considered.

Mr. **Martinez**. We have a high rate of unemployment in my district, something around 17 percent, which, as you know, is quite a bit higher than the national average. It would appear that districts with intense prolonged unemployment, would also have equally high morale problems with respect to individual outlook. What percentage of the youths, would you say, experience the difficulties that you mentioned, which are associated with uemployment?

Judge **Schudson**. I will not be tempted to try and identify a percentage. I think it is an impression and I think those who try to provide hard data are providing misleading numbers. What you are saying is correct, that depending on the extent, the degree and the length of unemployment in a segment of the community, the chance of the hopeless factor consuming the children from that group is higher.

That does not mean, however, that children growing up in other areas are not affected by it. Although I sit in the children's court where I see crimes by children, I am in the schools constantly talking with children, working in crime prevention. Even in those population groups where we find that there is a realistic expectation of jobs, we see today's society instilling in many of those very good children and law abiding children a sense of cynicism about the country and society. Even if those children look forward to jobs, they have a different view about their future and a different sense about hope in this country than I think I have ever seen before.

Ms. **Shaw**. I would like to add to that an experience that happened to me a week ago in Springfield, Ill. I spoke with a therapist friend who has developed a workshop that enables people within that workshop to get in touch with their individual potential and to think and begin to deal creatively about the future. She has done this workshop with many groups and has fascinating outcomes.

She took this workshop to a youth group in the community, a traditional high school group, not a group of individual young people who had experienced particular problems in their community, and was shocked to find that when this group of 12 young people were left alone to act out their individual potential and then their group potential, within 10 minutes every one of those 12 young people were on the floor, playing dead.

Somebody started shooting another individual and they all became wrapped up in the notion of death and that they either through international war or through killing in their own community, had no prospect of a long life ahead of them and were not able to get in touch with their future. I think that is a significant statement.

Mr. **Miller**. Mr. Packard.

Mr. **Packard**. Thank you, Mr. Chairman. I have a question to which any member of the panel might wish to respond. Is there any evidence that there is a different type of side effect or adverse effect from unemployment than there is from other pressure areas on families or on children such as divorce, both parents working, or serious conflicts within the home?

Mr. **Mills**. In our experience in Wisconsin and based on the little bit of information I have about other Midwestern States, I would say no, that we haven't necessarily seen that there is a particular effect that is different. The ways in which different people deal with stress are all significantly different.

For instance, a family that is faced with a problem of unemployment which increases the stress and causes abuse may cause abuse in one family, but may cause neglect in another. You may find that a single parent who needs to work once the spouse has left the home ends up being charged with neglect of a child because it is a young child for whom the money can't be expended to provide daycare services. That is one example.

In another case you may well see abuse. I don't think that we have experienced some particular set of unique effects as a result of this type of stress.

Judge **Schudson**. I think in the areas I look at I see a difference. If we look at other sources of trauma divorce, a death in the family or something of that sort, we see that it is an event that has taken place, it is a completed event and a child reacts to it. It can be a severe trauma and tremendous stress can be involved, but it is completed.

In terms of unemployment, however, we are talking about an entire stress of expectation. It is something that is happening and is expected to happen. It is almost nightmarish in fear for the future rather than trauma over a completed event. I think because of that, with trauma of death or divorce, a child can begin to work on resolving that and living through it and building upon it, perhaps even as a source of strength and character building.

That is not so with unemployment. The prospect and long-term expectation of that desparate situation invades and I think consumes not only present conduct in isolation, but the conduct that goes on in anticipation of what is to come.

After all, a divorce or a death in the family can result in a child suddenly doing poorly in school, but it is something that can be attacked. If the child can be helped to work through that, that can be a short duration trauma, and the academics can be brought back into place with the right intervention.

If, on the other hand, a child of 13 or 14 comes to the conclusion that there is no job out there in the next 60 years of my life, that affects the motivations in applying himself to the studies in school and the conduct that will affect the remainder of his life. That is an impressionistic answer for you.

Mr. **Packard**. Generally speaking, however, is not unemployment perceived to be less of a long-range constant or permanent problem than divorce or some of the other traumatic experiences? Is not unemployment generally perceived not to be a life-long problem but maybe a temporary problem that exists for a very traumatic period of time but does not extend beyond the time when employment becomes available?

Judge **Schudson**. I don't think so. I tried to address that in my testimony. Never before have we had a generation that is living with the sense that the future will not be better. If we think back through history, even in the depression, people were determined that there is going to be a change, a recovery. I am talking about a group that has known nothing but unemployment, has seen with their brothers and sisters and parents nothing but unemployment, seen 80 percent unemployment in their peer group, and come to the conclusion that this is not a phase, this is the long term reality, and therefore conduct will go about on a day to day basis accordingly.

Ms. **Shaw**. In addition to the unpredictability and the hopelessness resulting, it is important to recognize that unemployment brings to that family a spectrum of all those stresses that you were comparing it to, that all at once the family's lifestyle must change drastically.

In many cases there is a literal loss of home and possessions. The dynamics among families are stressed. Dependents who are angry and frustrated that they are not able to get what they need to continue their life as before, the spousal conflict resulting from loss of identity and role reversal, the loss of self-worth that comes from not having meaningful employment, the isolation that can occur when that individual withdraws from the community, the effect on the community of lower tax base, businesses closing and the like—there is a spectrum of stress that is highly unusual and not at all as fixed as the individual stresses that you mentioned a moment ago; divorce, death and the like.

Mr. **Miller**. Mr. Kildee.

Mr. **Kildee**. Thank you, Mr. Chairman. I will be very brief. I represent Flint, Mich., in the Congress, a city that has the unhappy distinction of having the highest unemployment rate in the country; 23.4 percent. It has been sustained to the point that residents of Flint don't see that hope they used to see. Someone has said that we have a new class called the new scared.

I taught school for 10 years there and I see it. I go home every other weekend and see children who are confused, insecure, and uncertain about the future. Teachers and people in the social services agencies are seeing children with feelings of insecurity because their parents have been laid off.

I am speaking not only about children from long time economically marginal families, but also about children from families where the parents and the grandparents generally were employed. The parents and grandparents aren't really prepared to handle or explain their unemployment to the children.

I have always had deep sympathy for those who have had, frequently through no fault of their own, a long term history of unemployment. This new group of unemployment, however, may be something we haven't seen before in my city. They just do not know in any way, shape, manner or form how to handle their current situations. You find it in almost every neighborhood of Flint now.

I was just telling Mr. Hawkins, in Flint if you are under 30 years of age you are probably unemployed, because in many cases you need at least 12 years of seniority at General Motors to be working. Very often these unemployed are people 30, 32, who are raising young children. They aren't younger workers looking for entry-level jobs. Children of these workers see their father and mother at home, dealing with long term unemployment for perhaps the first time, and it creates a great many problems.

I have lived in Flint all my life, I was born in 1929, was sheltered a bit from the depression by my parents, but I find that parents are now less able to shelter their children from economic hard times. I am worried about the young children who feel frightened and insecure and uncertain of the future.

They see the family next door leaving or losing their home and they are not sure whether they are going to be next in losing their home. The children are really feeling that.

This is my 19th year in politics and I have always been able to make a few phone calls and help steer a young person toward a job at one of the grocery stores or one of the gasoline stations in my area. But now people pumping gas are laid-off auto workers working for minimum wage.

I feel hopeless when I'm asked to help get a job for a young person. Children in the lower grades in school are worried that their family is going to be next. Young people find the job they would ordinarily have is taken over by a head of family working for a minimum wage. We need to look at this generation and see what we can do to minimize the scars and to help them grow up with some idea that we, as a Nation, can control our destiny.

I have no questions. I appreciate the testimony of our witnesses. I have read it through and thank you, Mr. Chairman, for addressing this very important problem of our economic upheaval right now.

Mr. MILLER. Thank you. I dare say that the story you tell and that the panel has discussed here with us this morning is probably not unfamiliar to anyone any longer. We used to think that unemployment was concentrated in certain areas of the country and it was somebody's unfortunate experience, but we find it in the same numbers in California and in the same industries.

I guess one of the very disturbing things is that the children in these families for the first time are hearing not only that their parents have lost a job in a particular industry, but in a number of these industries that that job will never exist again. That is a far more traumatic situation for the individuals in Flint and the individuals in the heavy industrial areas: the prospect that a whole way of life is, in fact, gone and communities and roots and family organizations that were created around the permanancy of that employment are now shattered and we find them, in fact, sort of modern day "Okies," if you will, traveling throughout the country looking for work, leaving families.

We hear countless stories of people who have come to California or have gone to Texas or Arizona, but can't deal with being away from the family and the community structure that they have grown up in, in an ethnic community or in a mill town or in an area that was centered around an industry. Consequently, they go back to an area of 20, 25 percent unemployment with no prospects, but looking for some kind of stability to grab on to.

It is going to be Mr. Hawkins' job to provide the jobs later on this year, but I hope that this panel and the next panel will outline to the Congress the ancillary cost of unemployment. When we talk about countercyclical jobs programs, we should start thinking about countercyclical service programs for these families that are so incredibly devastated and who are left without resources even as we see the churches and the nonprofits and foundations dramatically step up their caseload. I am not happy with the testimony that you gave, but I am glad that you came here and gave us the benefits of your experiences and your time.

Thank you very much.

Ms. **Shaw**. Thank you for the opportunity.

Mr. **Miller**. Next the committee will hear from a panel consisting of Dr. Bailus Walker, the Director of the Michigan Department of Public Health in Lansing, Mich., Dr. Lewis Margolis, Health Services Resource Center, University of North Carolina, Chapel Hill, and Helen Mager, a registered nurse in Mahoning County Health Department, Youngstown, Ohio.

Dr. Walker.

STATEMENT OF DR. BAILUS WALKER, DIRECTOR, MICHIGAN DEPARTMENT OF PUBLIC HEALTH, LANSING, MICH.

Dr. **Walker**. Thank you very much, Mr. Chairman.

I will paraphrase my remarks and ask that they be inserted in the record.

Mr. **Miller**. They will be.

Dr. **Walker**. I ask that the report, "The Impact of Unemployment on the Health of Mothers and Children in Michigan, Recommendations for the Nation," be inserted for the record. That is a detailed analysis of the health and economic problems we face in the State of Michigan.

Mr. Miller. Without objection, that will be made part of the hearing record.

[The report referred to above appears at end of hearing.]

Dr. Walker. Mr. Chairman, I would like to do three things. I would like to sketch in fairly broad strokes the economic condition in the state of Michigan, perhaps by way of emphasis rather than an explanation. Second, I would like to translate those conditions into health effects, and I am using the term "health effects" in the broadest possible sense, on the people of the State of Michigan, and then to offer some recommendations which we believe should help alleviate part of this problem that we face.

For the past 37 months we have been plagued by double digit unemployment in our State. More than 740,000 of our residents are out of work, and this is a number that is somewhat greater than the entire population of many other States. Each month, approximately 20,000 Michigan workers exhaust their regular unemployment benefits while more than 100,000 have exhausted their extended benefits.

During the past 48 months, the number of persons receiving some form of public assistance has increased by about 35 percent, and today fully 15 percent or more of our State's total population receive some form of public assistance. After 3 years of State cuts and hiring freezes and program terminations, the State treasury is still some $900 million in the red. These grim economic conditions are having a very tragic impact on the health of Michigan's mothers and children, and it is in their behalf that we come here this morning.

I think we are distressed by the fact that Michigan's infant mortality rate increased from 12.8 deaths per 1,000 live births in 1980 to 13.2 deaths per 1,000 live births in 1981. This increase represents a reversal of a three decade trend which saw our infant mortality rate cut by about 50 percent.

In some areas of the State they have actually realized a 100-percent increase in the infant mortality rate in 1 year. The inner city of Detroit is one of the places where the problem is the worst. The Detroit rates are nearly twice the State average. Neighborhoods within Detroit are experiencing an epidemic in infant deaths. The cities of Pontiac and Flint—Representative Kildee pointed this out—and the city of Warren all show a very high increase in the death rate between 1980 and 1981. Other cities throughout Michigan, such as the capital city of Lansing, Saginaw, and Muskegan have also experienced a significant increase.

Now, the pervasiveness of the infant death increase in Michigan across wide geographic areas of the State, especially in our major cities, across nearly all of the diagnostic categories combined with a comparison to other States, is certainly consistent with our poor economic conditions.

Persistently high unemployment, combined with unprecedented reductions in all public services, positions Michigan for increases in a variety of socioeconomic and health indicators, one of which is the infant mortality rate. We recognize that low birth rate certainly is a principal factor underlying some of the infant deaths.

Poor nutrition, unintended pregnancies, the lack of prenatal care, maternal age, unemployment, poverty and substance abuse are all contributing factors to the problem. Michigan's economic crisis has had, without a doubt, an impact on all of these conditions. Our statewide nutrition commission recently completed a survey of 20 counties to assess the number of people being served and that part of the population not being served.

The emergency food programs are providing millions of meals for people in Michigan and these are serving as substitutes for inadequately funded Federal food and social programs. And even more severe cuts are now proposed, so it is obvious that not all of those in the State who have problems are having those needs met.

In our State, emergency food kitchens are a permanent fixture in some communities. They are often the only way in which the marginal family of the "new poor" can survive on a day-to-day basis. Behind these statistics are families living nightmares of worry about the ability to provide for even the most basic needs that those families may have.

As the ranks of the unemployed have gone, in our State, to almost three-quarters of a million persons, the jobless and their families face an uncertain future about health insurance. On the average, job-related health benefits expire about 1 month after a layoff, and nearly all of the idle workers are unable to pay the full cost of health insurance premiums.

Officials of our Blue Cross/Blue Shield program have recorded the number of people dropped from their rolls between 1979 and 1982, and they report a net loss of some 556,000 persons attributable to factory closing and layoffs. The Michigan Hospital Association reports that, due to increased unemployment and the loss of insurance benefits, uncompensated health care services totaling $142 million were provided in 1982, an increase of some 29 percent over the previous year. This is a larger amount than the medicaid program in some 26 of our States.

This has happened because an estimated 400,000 to 600,000 Michigan residents have lost their health care benefits. A large segment of this group comes from the automobile industry where over 250,000 individuals have lost their jobs since the beginning of the recession.

Michigan leads the Nation with an unemployment rate of 17.3 percent. That figure is being revised upward almost monthly.

Declining funding levels, totaling $6.7 million in the last 16 months, for maternal and child health programs in Michigan have seriously reduced our capacity to respond to the growing need for services.

For example, in the area of maternity and infant care, for the seven projects outside of Wayne County, local staff reductions total 11.6 full-time employees coupled with reductions in clinic capacity in three of these projects.

Over $300,000 has been cut in personnel and clinic costs. In the large project in Detroit and Wayne County [MIC-PRESCAD], three major health centers have been closed, affecting 600 or 700 women and almost 11,000 children. Professional staff positions have been eliminated and several service contracts have been terminated or reduced.

The improved pregnancy outcome program in Michigan was aimed at improving the pregnancy outcome of pregnant teenagers.

It was cut 50 percent in its fifth year leading to termination of all four program sites on a phased basis. All Federal funding for this program will end by June 30, 1983, and the program will terminate.

In the State funding period beginning January 1, 1982, local family planning projects were reduced by 25 percent. This is due to a reduction in Federal title X and State funds. The lower funding level will end family planning services to 21,000 patients and may result in nearly 10,000 unintended pregnancies.

The funding picture is greatly compounded by a change in Federal allocation of title X funds to regions. Region V has been affected most adversely, and Michigan in particular. Efforts were made to reverse or modify the Federal formula decision. This failed and the Michigan cut of 37 percent will apparently stand. Other States received cuts as low as 4 percent. The impact was softened somewhat this year by the use of nonrecurring funds. This will compound the problem in 1983.

I think we recognize that Congress cannot solve all of Michigan's problems but it is our hope that the Federal Government will undertake the development of a blueprint for progress for all American mothers and children.

The families of our State, we believe would be well served by such an initiative by Congress.

I think we recognize both budget deficits in the State of Michigan and nationally, and accordingly we want to make some recommendations to protect our mothers and children. We are trying to make practical recommendations that hopefully will not require a substantial amount of new funds but those that do require additional expenditures would necessitate a shift in current spending priorities.

In fact, it is our strong contention that some shifts in Federal priorities are imperative. I think Congressman Hawkins alluded to these earlier in his questions to the previous panel.

First, I think we recommend that the House of Representatives should establish a Select Committee on Children and Youth and Families because here policy leadership and oversight are desperately needed for American mothers and children who are so profoundly dependent upon others for their well-being.

Second, we believe that the Federal Government should declare a national food emergency, and make available Government-held food supplies to America's hungry, giving priority to pregnant women, infants, and children.

The Congress should call upon the U.S. Department of Agriculture to identify food that is currently stockpiled in anticipation of national disasters, or because of Federal price support, and this food should be released to States and localities for distribution to the Nation's hungry.

We believe that Congress should oppose further cuts in Federal assistance for nutrition, housing, fuel payment assistance. and energy conservation programs, and restore cuts in nutrition programs for children and adults, especially the elderly.

We also recommend that a new unit be established at a high level in the U.S. Public Health Service. With the dissolution of the beloved and productive Children's Bureau, in the late 1960's, the

United States found itself among a minority of developed nations without a strong national voice for children.

There must also be strong program authority mandating coordination with other children's programs like EPSDT, WIC supplemental foods and Head Start.

It is essential that current data be maintained on the health status of children, youth and families. This must also include accurate estimates of services rendered and the numbers of citizens in need of care who are not receiving such care.

We urge you to restore funding cuts that have crippled the Nation's maternal and child health and family planning services.

The maternal and child health block grant was formed by consolidating many related programs and cutting them approximately 25 percent.

The cost of returning this program to previous funding levels would require new appropriations of approximately $83 million. This would restore the block grant to its previous level of $456 million from the current appropriation of $373 million.

We also recommend that a national children's trust fund be promoted to have small scale trials of innovative approaches to maternal and child health services which might prove beneficial to the Nation as a whole.

And here, basic biomedical and related activities already covered in research programs operated by the National Institutes of Health would not be eligible for funding by the children's trust fund.

The trust would be directed by a commission appointed by the Congress.

As we pointed out in the beginning, we have attempted to provide a clear picture of Michigan's economic situation, translate those economic conditions into health effects and make some recommendations which we believe are practical and highly desirable.

Thank you very much, Mr. Chairman.

[The prepared statement of Bailus Walker follows:]

PREPARED STATEMENT OF BAILUS WALKER, JR., PH. D., M.P.H., DIRECTOR, MICHIGAN DEPARTMENT OF PUBLIC HEALTH

I take no pleasure from being here today, because the message I carry to you from the State of Michigan is not a cheerful one.

For the next few minutes, I will attempt to paint a clear and honest picture for you of the grim conditions facing the residents of our state. I will try to convince you of the seriousness of our economic crisis, and will offer some constructive recommendations for your consideration.

I ask that this testimony and the accompanying report entitled "The Impact of Unemployment on the Health of Mothers and Children In Michigan, Recommendations for the Nation," be entered into the record.

Michigan is currently experiencing a human emergency of unparalleled magnitude. No other state in the union has suffered from such devastating economic conditions.

For the past 37 months, we have been plagued by double digit unemployment. More than 740,000 of our residents are out of work; a number greater than the entire populations of many states.

Each month, approximately 20,000 Michigan workers exhaust their regular unemployment benefits while more than 100,000 have exhausted their extended benefits. During the past 48 months, the number of persons receiving some form of public assistance has increased 35 percent. Today, fully 15 percent of our state's total population receive some form of public assistance.

After three years of state cuts, hiring freezes and program terminations, the state treasury is still $900 million in the red while past bookkeeping practices account for an additional $800 million deficit. Today, we face a new round of reductions designed to trim another $225 million from the budget, and an increase in taxes.

These grim economic conditions are having a tragic impact on the health of Michigan's mothers and children. It is in their behalf that we have come here this morning.

We are distressed by the fact that Michigan's infant mortality rate increased from 12.8 deaths per 1,000 live births in 1980 to 13.2 deaths in 1981. This increase represents a reversal of a three decade trend which saw our infant mortality rate cut by 50 percent. Some areas of the state have actually realized a 100 percent increase in one year. Innercity Detroit is one of the places where the problem is worst.

Detroit's rates are nearly twice the state average. Neighborhoods within Detroit are experiencing an epidemic of infant deaths. The cities of Pontiac, Flint and Warren showed a very high increase in the death rate between 1980 and 1981. Other cities throughout Michigan like Lansing, Saginaw, and Muskegon also experienced significant increases.

The pervasiveness of the infant death increase in Michigan, both across wide geographic areas of the state, especially in our major cities, and across nearly all diagnostic categories, combined with a comparison to other states, is certainly consistent with our poor economic condition.

Persistently high unemployment, combined with unprecedented reductions in all public services, positions Michigan for increases in a variety of socio-economic and health indicators, one of which is the infant mortality rate.

Provisional figures for 1982 show some moderation in this upward spiral, and we are hopeful that the worst increases are behind us.

Low birth weights are a principal factor underlying two-thirds of the infant deaths. Poor nutrition, unintended pregnancies, lack of prenatal care, maternal age, unemployment, poverty, and substance abuse are all contributing factors.

Michigan's economic crisis has had, without a doubt, an impact on those conditions.

Our Statewide Nutrition Commission recently completed a survey of 20 counties to assess the number of people currently being served, and that part of the population which is not being served.

Emergency food programs are providing millions of meals to Michiganites—serving as a substitute for the inadequately funded federal food and social programs. Even more severe cuts are now proposed. It is plain to see that not all of those in need are being reached.

Emergency food kitchens are a permanent fixture in some communities. They are often the only way in which the marginal families of the "new poor" can survive on a day to day basis.

Behind the statistics are families living nightmares of worry over the ability to provide for even the most basic needs.

As the ranks of the unemployed have grown to almost three quarters of a million persons, the jobless and their families face an uncertain future without health insurance.

On the average, job related health benefits expire within one month of layoff. Nearly all idle workers are unable to pay the full cost of health insurance premiums.

Officials of Blue Cross and Blue Shield have recorded the numbers of people dropped from their rolls between 1979 and 1982, and report a net loss of 556,633 attributable to factory closings and layoffs.

The Michigan Hospital Association reports that, due to increased unemployment and loss of insurance benefits, uncompensated health care services totaling $142 million were provided in 1982, an increase of 29 percent over the previous year. This is a larger amount than the medicaid program in 26 of our states.

This has happened because an estimated 400,000 to 600,000 Michigan residents have lost their health care benefits. A large segment of this group comes from the auto industry where over 250,000 individuals have lost their jobs since the beginning of the recession.

Michigan leads the nation with an unemployment rate of 17.3 percent. That figure is being revised upwards almost monthly.

Declining funding levels, totaling $6.7 million in the last sixteen months, for maternal and child health programs in Michigan have seriously reduced our capacity to respond to the growing need for services. For example, in the area of Maternity and Infant Care, for the seven projects outside of Wayne County, local staff reductions total 11.6 FTEs coupled with reductions in clinic capacity in three of these projects. Over $300,000 has been cut in personnel and clinic costs. In the large project in Detroit and Wayne County (MIC-PRESCAD), three major health centers have been closed, affecting 600 women and almost 11,000 children, Professional staff positions have been eliminated and several service contracts have been terminated or reduced.

The improved pregnancy outcome program in Michigan was aimed at improving the pregnancy outcome of pregnant teenagers. It was cut 50 percent in its fifth year leading to termination of all four program sites on a phased basis. All federal funding for this program will end by June 30, 1983, and the program will terminate.

In the state funding period beginning January 1, 1983, local family planning projects are being reduced by 25 percent. This is due to a reduction in federal Title X and state funds. The lower funding level will end family planning services to 21,500 patients and may result in nearly 9,700 unintended pregnancies. The funding picture is greatly compounded by a change in federal allocation of Title X funds to regions. Region V has been affected most adversely, and Michigan in particular. Efforts were made to reverse or modify the federeal formula decision. This failed and the Michigan cut of 37 percent will apparently stand. Other states received cuts as low as 4 percent. The impact is being softened somewhat this year by the use of nonrecurring funds. This will compound the problem next year.

We are not asking Congress to solve Michigan's many problems. It is our earnest hope, however, that the Federal Government will undertake the development of a blueprint for progress for all American mothers and children. The families of our state, we believe, would be well served by such an initiative.

As today's children grow into adulthood, they will have to perform increasingly complex tasks in an age of technological change to protect our natural environment, maintain our standard of living and keep our economy competitive with those of other nations. We must consider each of our children as a valuable national resource. Programs such as maternal and child health not only improve the health and enhance the lives of our children immediately, but also expand their potential for significant contribution to the nation as a whole.

We recognize that budget deficits, both in Michigan and nationally, are at record shattering levels. Accordingly, many of our recommendations for protecting the health of mothers and children will require no new spending. Those that *do* require additional expenditures would necessitate a shift in current spending priorities.

It is our strong contention that some shift in federal priorities is imperative.

We recommend, first, that the House of Representatives should establish a select committee on children, youth and families. Policy leadership and oversight are desperately needed for America's mothers and children, who are so profoundly dependent on others for their well-being. Too often, we find ourselves reporting a tragic situation "after the fact" when forward planning could have prevented the problem.

And although we have seen dramatic improvement in health status of American children over the past two decades, sharp disparities persist in both health status and the use of health services, according to family income, ethnic background, parental education and geographic location.

Also the organizational, administrative, financial and professional training aspects of our health care system today have not been adapted to cope with current health problems which have intertwined psychological, environmental, social and behavioral components.

Although public programs have made a significant contribution to improving the health of the nation's mothers and children, gaps remain in and between services; fragmentation and duplication exist in both programs and services; and conflicts occur among various levels of government, and among a variety of programs.

We believe the Federal Government should declare a national food emergency and make available government held food supplies to America's hungry, giving priority to pregnant women, infants and children.

The Congress should direct the U.S. Department of Agriculture to identify food that is currently stockpiled in anticipation of national disasters or because of federal price supports.

This food should be released to the states and localities for distribution to the Nation's hungry.

The Congress should oppose further cuts in federal assistance for nutrition, housing, fuel payment assistance, and energy conservation programs. Restoration of cuts in nutrition programs for children and adults, especially the elderly, should be advocated.

We also recommend that a new unit be established at a high level in the United States Public Health Service. With the dissolution of the beloved and productive Children's Bureau, in the late 1960's, the United States found itself among a minority of developed nations without a strong national voice for children.

The result has been predictable tragedy for the Nation's children. The major charge of this unit of government should be to: Investigate and report on the conditions affecting the health and welfare of America's children, youth and families.

Existing programs now operated by various branches of government should be realigned, and many of them folded into the new administrative unit. Title X Family Planning and the Maternal and Child Health Block Grant are two programs which should be transferred immediately.

There must also be strong program authority mandating coordination with other children's programs like EPSDT, WIC supplemental foods and Head Start.

This unit should be responsible for carrying out the essential elements of a comprehensive maternal and child health program, including: studies aimed at identification and solution of problems affecting the health and well-being of mothers and children; organization of maternity services, including adequate prenatal, perinatal and postnatal care; continuing health supervision services for all children from birth through childhood and adolescence; organized programs of health education for parents, children of school age and the general public; establishment of standards for health personnel serving mothers and children and for facilities providing for their health care; systematic manpower development and training activities; continuing assessment of the efficiency and effectiveness of health services for mothers and children; and conducting and supporting of operational research as a basis for further program planning and development.

It is essential that current data be maintained on the health status of children, youth and families. This must also include accurate estimates of services rendered and the numbers of citizens in need of care who are not receiving such care.

We urge you to restore funding cuts that have crippled the nation's maternal and child health and family planning services.

The maternal and child health block grant was formed by consolidating many related programs and cutting them approximately 25 percent. The cost of returning this program to previous funding levels would require new appropriations of approximately $83 million. This would restore the block grant to its previous level of $456 million from the current appropriation of $373 million.

The State and local health department system is in place. Services could be increased immediately. They should be focused on pregnancy and infant care in order to have a maximum impact on infant mortality and morbidity.

The family planning Title X program should be restored to its previous level of $162 million from the current reduced level of $124 million. This would cost approximately $38 million in additional revenue. Comprehensive family planning services represent an effective means of dealing with the health, social, and economic problems associated, at least in part, with the occurrence of unwanted and mistimed pregnancies.

Let us pledge to upgrade planning, management and evaluational systems for our maternal and child health programs.

The hit and miss strategies of the 1960's, and the high technology—high cost entitlement programs of the 1970's, must change NOW.

Furthermore, the programs of the 1980's should be preventive in nature and based on solid research and development.

We further recommend development on a pilot basis, of an emergency maternity and infant care service system for the uninsured.

As the nation entered World War II, it was determined that an emergency maternity and infant care program was needed.

This war brought about a rapid, large-scale increase in the numbers of enlisted men. Many of their wives came to live near posts where their husbands were temporarily stationed. The capacity of station hospitals to provide maternity care was soon found to be insufficient.

An emergency program developed with great rapidity, extending to servicemen's wives wherever they lived, and providing care for one and a quarter million mothers, and 230,000 infants, by the time it was terminated after the end of the war. This was the largest public medical care program the country had ever known and the state health departments had ever dealt with. It was entirely supported by general tax funds. There was no state matching, and there was no means test required or permitted for designated beneficiaries. It enabled states to make great progress in licensing and upgrading hospital maternity care and further aided hospitals to improve standards by establishing a basis of payment related to the cost of care—a principle later adopted by other federal agencies and by the Blue Cross insurance plans.

This program should provide family planning, prenatal, labor, delivery and postpartum care, pediatric care for the infant to eighteen months of age and health education, nutrition and medical social work services to the family.

The cost of these services, based on the Michigan experience, amounts to $2,850 per mother and infant pair.

We now have an estimated 8,000 mothers and infants in Michigan who might qualify for this emergency service.

If one pilot county were chosen to demonstrate the service, a research and development project could be conducted for 750 women/infant pairs for $2.1 million.

We also suggest that a National Children's Trust Fund should be established to promote small scale trials of new and innovative approaches to maternal and child health service delivery which might prove beneficial to the nation as a whole. Basic biomedical and related activity already covered in research programs operated by the National Institutes of Health would not be eligible for funding by the Children's Trust.

The Trust would be directed by a commission appointed by the Congress.

The National Children's Trust Fund should be funded using a voluntary postage stamp surcharge program. This method of obtaining charitable donations at the national level has been successfully demonstrated by Switzerland, West Germany and the Netherlands. Under this system each stamp in a particular commemorative issue carries a surcharge of which 90 percent goes into the Children's Agency Trust and 10 percent is held for administrative expenses. The special issues are widely purchased by collectors and citizens wishing to make a charitable donation.

These funds would constitute an investment by Americans in the future health and well-being of all citizens. It would place "venture capital" in the hands of those public and private agencies and institutions which are capable of designing sound approaches to the development of improved health protection.

As I pledged, when I began these remarks, I have attempted to provide you with a clear picture of Michigan's current economic plight, and with a set of recommendations designed to address the human health ramifications of our unparalleled fiscal distress.

The mothers and children of Michigan are looking to you for urgently needed support and services. Please give your careful consideration to their problems and to our proposed solutions. Thank you.

Mr. MILLER. Thank you.

Dr. Margolis.

STATEMENT OF DR. LEWIS MARGOLIS, HEALTH SERVICES RESOURCE CENTER, UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL, N.C.

Dr. MARGOLIS. Thank you. In addition to my remarks I would like to submit the following article:

[Reprint from Pediatrics, June 1982]

HELP WANTED

With a regularity reminiscent of the guillotine in revolutionary France, the monthy unemployment figures pronounce a sentence of hardship for an ever increasing number of American families. Because there are 100 million workers in the labor force, a 1% rise in the rate of unemployment translates into an additional 1 million jobless individuals, but this figure disguises the impact of unemployment on children and families

How many children will experience the effects of parental unemployment in the coming months? The incidence of unemployment during a year exceeds the prevalence at the time of any given survey, the commonly reported figure. For example, during 1979 (for which the latest incidence data are available), when the prevalence of unemployment was 5% to 6%, 15.7% of the labor force experienced some unemployment.[1] Although exact figures on the number of children whose parents become unemployed are unavailable, younger workers (those most likely to have young children) are at greatest risk for becoming unemployed. In October 1981, 4.6% of the unemployed were 35- to 64-year-old men, whereas 8.5% of the unemployed were 20-

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[1] Bureau of Labor Statistics: *Work Experience of the Population in 1979.* Special Labor Force Report. US Dept of Labor, 1981.

to 34-year-old men.[2] Of the nearly 39 million 20- to 44-year-old men in the 1979 labor force, 16.9% were unemployed at some point during the year.[1] If the 80% of those men who were married had an average of two children, then more than 10 million children experienced the effects of paternal unemployment. The fact that more than 50% of children less than 18 years of age have mothers who work outside the home further increases the risk of exposure to unemployment.[3] As the unemployment rate continues upward in the 1981–1982 recession, the number of children experiencing parental unemployment at some time during the year will be substantially higher than 10 million.

The loss of work produces stressful change within the family. Economically, the income in families in which the sole earner was unemployed for some period of time in 1977, was 34% lower than the income in families in which there was continuous employment.[4] A drop in income of 30% to 35% forces families to cut back on necessities such as food, clothing, and shelter, not to mention preventive medical care. In addition to financial hardship, families experience the stress of disruption in family roles. Sometimes a former wage earner becomes the primary caretaker while the other parent may or may not attempt to find work outside the home. Another change may involve children curtailing their activities or even education, in order to obtain work to help the family. Finally, the loss of work results in the stress associated with a decline in social status.

Research on the effects of stress provides a theoretical framework in which to analyze the consequences of the changes resulting from unemployment. As Cassel[5] has suggested, an organism in the process of adapting is a vulnerable one and therefore more susceptible to a variety of disease entities than a similar organism either before or after the adapting process. The decrease in income, disruption in family roles, and decline in status can require major adaptations that result in a heightened susceptibility to an array of physical and psychological problems which could come to the attention of a pediatrician.[6–9]

It is worth noting that families of all socioeconomic groups experience unemployment. Using a standard definition of "poor," Hill and Corcoran,[10] using a sample of 548 male household heads who experienced some employment during a ten-year period, found that 472 were not poor at the time of job loss. Although it is true that an impoverished individual is at increased risk to experience unemployment, the problem of job loss is not confined to poor families.

When it comes to family assistance, strategies to deal with unemployment are inadequate. For the purpose of encouraging discussion, I would like to comment on four programs that are in various stages of implementation: (1) unemployment compensation, (2) Aid to Families with Dependent Children-Unemployed Parent (AFDC-UP), (3) continuation of fringe benefits, and (4) advance notice of a layoff.

Unemployment compensation and AFDC-UP provide some financial support. Even though it is the mainstay of US unemployment policy, only half of unemployed workers are eligible for unemployment compensation. For a worker to be eligible, most states require 14 to 20 weeks of work within the previous five calendar quarters. In addition, workers who leave their jobs voluntarily and those who seek work after having been out of the labor force for some period (such as mothers wanting to return to work after caring for newborns), are usually ineligible. For those who are eligible, the average weekly benefit varies by state from 30% to 64% of the average weekly wage, although as a group, the benefit was 37% of former wages in 1975.[11] In addition, only 12 states provide supplementary benefits based on the number of dependents. Furthermore, roughly 30% of those receiving benefits exhaust their eligibility before returning to work.[12] Currently, 27 states have the unemployed parent provision of AFDC, which provides benefits for intact families with an unemployed parent.[13] However, these families must meet the other eligibility criteria which usually require that they divest themselves of some portion of their family resources. For this reason, only 10% of unemployed families participate in this program, choosing unemployment compensation instead.[13]

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[2] Department of Labor: *Employment and Earnings*. November 1981.

[3] Waldman E, Grossman AS, Hayghe H, et al: Working mothers in the 1970's: A look at the statistics. *Monthly Labor Rev* 102:39, 1979.

[4] Hayghe H: The effect of unemployment on family income in 1977. *Monthly Labor Rev* 102:42, 1979.

[5] Cassel J: The contribution of the social environment to host resistance. *Am J Epidemiol* 104:107, 1975.

[6] Dooley D., Catalano R: Economic change as a cause of behavioral disorder. *Psychol Bull* 87:450, 1980.

[7] Elder G: *Children of the Great Depression*. Chicago, University of Chicago Press, 1974.

[8] Gil D: *Violence Against Children*. Cambridge, Harvard University Press, 1973.

[9] Margolis LH, Farran DC: Unemployment: The health consequences for children. *NC Med J* 12:849, 1981.

[10] Hill M, Corcoran M: Unemployment among family men. *Monthly Labor Rev* 102:19, 1979.

[11] Blaustein SJ, Craig I: *An International Review of Unemployment Insurance Schemes*, Kalamazoo, MI, W E Upjohn Institute for Employment Research, 1977.

[12] Employment and Training Administration: *Claims and Payments*, report 5159. US Dept of Labor, 1981.

Policies such as the continuation of fringe benefits or provision of advance notice could help to ameliorate the problems of unemployment. Inasmuch as American workers earn 25 to 30 cents in benefits for every dollar of wages,[14] the termination of those benefits represents a substantial loss. In particular, health insurance is a work-related benefit for 80% of the work force, and although some plans provide for the continuation of coverage, the premiums become prohibitively expensive when families must pay for them individually. Finally, advance notice of an intended layoff, a relatively low cost benefit, is either uncommonly provided or so brief (less than one week) as to be useless to families trying to prepare for the loss of work.

There are several levels upon which health professionals can address these problems. First, given the extent of unemployment, it is more important than ever to recognize that the health and behavior of children is a function of the socioeconomic environment in which they live. A change in employment status of parents may be particularly disruptive to some families. Pediatricians and nurse practitioners should be able to counsel parents in managing this stress, as well as assist them in securing other sources of support. Second, we must realize that the problems of parental unemployment require political solutions. Undoubtedly, among health professionals there are both supporters and opponents of the philosophies of the federal administration. Nevertheless, professionals should be able to agree that the short-term costs to children of parental unemployment are unacceptable. Even if an increase in unemployment is unavoidable, fundamental support for the children of unemployed workers is both humane and economically sensible. Pernaps we should reconsider and advocate programs for children such as health insurance and child-rearing allowances which are at least partially independent of the work status of their parents.

Economic downturns and the resultant unemployment are neither new to our nation nor are they likely to disappear. As Grace Abbott remarked 60 years ago, in commenting on a Children's Bureau study of unemployment.[15]

"Those who are interested in raising the standard of our citizenship through better care of the children of the country can not regard as outside the field of their concern proposals for preventing unemployment and, failing in a program of prevention, measures which are necessary for safeguarding the children during a period of unemployment."

LEWIS H. MARGOLIS, MD, MPH,
Health Services Research Center and Bush Institute for Child and Family Policy, the University of North Carolina, Chapel Hill, N.C.

Dr. MARGOLIS. Each month on the television news and spread across the front pages of newspapers, the new unemployment figures are presented, each time inching up by partial percentage points: 9.8 percent to 10 percent to 10.9 percent to 11.0 percent.

These numbers sound small, but even when the actual numbers of unemployed are presented—so many millions out of work—we are still only attending to part of the problem.

To the members of this committee, I would like to say that within the next year at least 13 million children will live in families where the primary wage earner is unemployed for 1 week or more. The question is: Does this kind of major stress on a family affect these children? Does it matter?

I am here as a pediatrician from the University of North Carolina to argue that it does matter, that it may in fact have grave consequences for the health and well-being of the children in those families. I have been working on this problem with my colleague,

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[13] Office of Research Statistics. *Public Assistance Statistics. US Dept of Health and Human Services, April 1981.*

[14] Best F: *Work Sharing.* Kalamazoo, MI, W E Upjohn Institute for Employment Research, 1981.

[15] Lundberg EO: *Unemployment and Child Welfare* report 125. US Dept. of Labor, 1923.

Dale Farran, a developmental psychologist, for the past 3 years. Our research is still ongoing; we are currently engaged in a major longitudinal study of the effects of parental unemployment on the health and behavior of their children. I would like to take the next few moments to tell you what we have learned from 3 years of studying and thinking about this problem.

First, unemployment presents a serious stress to the individual, particularly if the unemployment is involuntary, resulting from a layoff or factory closing. This stress is not confined to the person who loses the job—it has ripple effects, spreading among all family members, affecting the way the family as a whole functions. From numerous previous research projects, physicians and psychologists have learned that stress produces many consequences. Stress—the requirement to make undesirable and uncontrollable changes in one's life—makes individuals vulnerable to an array of illnesses. As a pediatrician, if I were to select one stress as the most damaging and disruptive to children, it would be the loss of work by their parents.

In adults, the accumulation of stress has been identified as a contributing factor in heart disease, high blood pressure, mental illness, tuberculosis, and other major health problems. Unemployment produces at least three stressful changes for children. Many of these have been described here this morning. Economically, fewer resources are available. Families which experience unemployment have incomes which are, on the average, 20 percent to 30 percent lower than families with continuous employment. Declines in income of that magnitude inevitably require families to cut back on necessities—food, clothing, medical care—for their children.

In addition to the stress of economic hardship is the stress which results from a decline in status. Since, as a society we often assign status on the basis of occupation, the loss of work results in a severe loss in status. Studies have shown that children are certainly aware of these changes and indeed experience a decline in their personal status as well.

Along with economic and status changes are stressful disruptions in family roles. Perhaps the most obvious role change is when the person in the role of major breadwinner—usually the father—can no longer provide for the family because of unemployment. This may frequently cause the child's mother to disrupt her role as caretaker and seek work outside the home. Either parent can, of course, play the breadwinner or caretaker role, but it is the unexpected change which is harmful to children. Certainly, families are constantly making adjustments in the way family tasks and responsibilities are performed. The trauma of unemployment is that it is often unanticipated and unexpected, so it severely compromises families' abilities to adjust to changes.

The stressful environment created by the loss of work has numerous consequences for adults and these have been reported to this and other congressional committees. My concern, however, is with the children of those unemployed adults. What are the consequences for children?

First, unemployment appears to make children more vulnerable to the usual childhood illnesses such as respiratory infections and gastrointestinal infections. By itself, a cold or a stomach ache may seem inconsequential, but in the context of a family with unemployment, stressed by limited resources, such simple problems can become complex and difficult to handle. For example, many of these illnesses could in better times involve a visit to a health care professional. In families of the unemployed, though, the lack of health insurance, lost with the job, and strained finances combine to make the decision about seeking health care a very difficult one. This likely means that many childhood illnesses will go untreated.

In addition to common childhood ills, the specter of child abuse haunts the families of the unemployed. Children in families where the father is unemployed are at least three times more likely to suffer abuse than children in families where the father is continuously working. Just how serious this problem is may be demonstrated if we assume that January's unemployment rate will be 11 percent. We know that the rate will be higher for parents of young children, because workers with less seniority are the first to be laid off. It is not unreasonable to say that 15 percent of America's 65 million children were in families with the father unemployed during January. Since 3 percent of those children are likely to suffer abuse, that means that 300,000 children will suffer anything from lacerations and fractures to death at the hands of frustrated and embittered parents and caretakers. Put in other terms, if the jobless rate for young parents had been "only" 14 percent, then, 27,000 children would have been spared an abusive episode.

Before I conclude, I would like to try to impress upon this committee the extent of the problem of unemployment. The monthly figures, as gruesome as they appear, are somewhat misleading as to who suffers, and to what degree. First of all, young workers, those most likely to have young children, are most likely to experience unemployment. As a pediatrician who is professionally concerned with the well-being of children, it seems ironic that our society places two tremendous burdens on young adults. First, they are given the biological responsibility for rearing the next generation, but with little financial and social support when compared with other developed nations. Other nations provide day care, medical care, child allowances, and other child-oriented benefits. Second, young adults must bear the brunt of economic dislocation, since unemployment is used so widely as a tool of economic policymaking. I am sure you will agree that as policies currently stand, these societal expectations contradict each other. How can parents do a good job of bringing up the next generation when they face repeated bouts of unemployment?

The second reason that the monthly figures are misleading is that during the course of a year, far more children are exposed to unemployment for some period of time than in any single month. Using data from the Panel Study of Income Dynamics, Mary Corcoran and Peggy Hode, researchers at the Survey Research Center of the University of Michigan have estimated the extent of unemployment in 1980.

For children in intact families—that is, with a father and mother in the home—17.3 percent of those children saw the household head become unemployed for at least 1 week, which means that over 11 million children experienced parental unemployment in 1980. Furthermore, over 26 percent of those children suffered through more than 16 weeks of unemployment. These figures would be higher today, of course. What do these figures mean for the current recession? Before employment begins to recover, well over 13 million children will suffer through some period of unemployment and experience what is being described by those testifying before this committee.

The loss of work represents a major family stress which affects the lives of millions of children each year. Children are more likely to experience parental unemployment than the death of a parent, divorce, or even major illness. Indeed, exposure to unemployment is so widespread that if it were an infectious disease like polio or measles, our Nation would vigorously pursue policies against it. Members of Congress, parents, and all citizens concerned with the well-being of children in this country must insist upon policies which decrease the chance of unemployment. When joblessness occurs, however, we must further insist upon policies which ameliorate the deleterious effects on children.

Thank you very much.

[The prepared statement of Lewis Margolis follows:]

Prepared Statement of Lewis H. Margolis, Pediatrician, Health Services Research Center, University of North Carolina at Chapel Hill

Each month on the television news and spread across the front pages of newspapers, the new unemployment figures are presented, each time inching up by partial percentage points. . . . 9.8 percent to 10 percent to 10.9 percent to 11.0 percent. These numbers sound small, but even when the actual numbers of unemployed are presented—so many millions out of work—we are still only attending to part of the problem. To the members of this Committee, I would like to say that within the next year at least 13 million children will live in families where the primary wage earner is unemployed for one week or more. The question is: Does this kind of major stress on a family affect these children? Does this matter?

I am here as a pediatrician from the University of North Carolina to argue that it does matter, that it may in fact have grave consequences for the health and well-being of the children in those families. I have been working on this problem with my colleague, Dale Farran, a developmental psychologist, for the past three years. Our research is still ongoing; we are currently engaged in a major longitudinal study of the effects of parental unemployment on the health and behavior of their children. I would like to take the next few moments to tell you what we have learned from three years of studying and thinking about this problem.

First, unemployment presents a serious stress to the individual, particularly if the employment is involuntary, resulting from a layoff or fatory closing. This stress is not confined to the person who loses the job—it has ripple effects, spreading among all family members, affecting the way the family as a whole functions. From numerous previous research projects, physicians and psychologists have learned that stress produces many consequences. Stress—the requirement to make undesirable and uncontrollable changes in one's life—makes individuals vulnerable to an array of illnesses. As a pediartician, if I were to select one stress as the most damaging and disruptive to children, it would be the loss of work by their parents.

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In addition to the stress of economic hardship is the stress which results from a decline in status. Since, as a society we often assign status on the basis of occupation, the loss of work results in a severe loss in status. Studies have shown that children are certainly aware of these changes and indeed experience a decline in their personal status as well.

Along with economic and status changes are stressful disruptions in family roles. Perhaps the most obvious role change is when the person in the role of major breadwinner (usually the father) can no longer provide for the family because of unemployment. This may frequently cause the child's mother to disrupt her role as caretaker and seek work outside the home. Either parent can, of course, play the breadwinner or caretaker role, but it is the unexpected change which is harmful to children. Certainly, families are constantly making adjustments in the way family tasks and responsibilities are performed. The trauma of unemployment is that it is often unanticipated and unexpected, so it severely compromises families' abilities to adjust to changes.

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Parental unemployment is unquestionably detrimental to the well-being of children and yet we subject millions of children to parental unemployment each year. Furthermore, we seem to do little to ameliorate or buffer the effects of unemployment when it occurs. We would serve our nation's children well if we would heed the advice of Grace Abbott, the esteemed Chief of the Children's Bureau 60 years ago: Those who are interested in raising the standard of our citizenship through better care of the children of the country cannot regard as outside the field of their concern proposals for preventing unemployment and, failing in a program of prevention, measures which are necessary for safeguarding the children during a period of unemployment.

In contrast to Europe and Japan, unemployment as a strategy for economic policy continues to be used in this country. In the face of parental joblessness, it is essential to make available to children at least some of the benefits and services which were work-related. For this Committee, I would like to describe how five programs currently or potentially relate to children. Two programs, unemployment insurance (UI) and Aid for Families with Dependent Children—Unemployed Parent (AFDC-U) are currently in effect. Three programs, the continuation of fringe benefits, advance notice, and wage replacements are sparingly used. None of the current programs adequately addresses the needs of children.

Unemployment insurance provides some financial support of the family but does nothing to ameliorate the problems of status loss and role disruption. It is important to point out that only 50 percent of unemployed workers are eligible for UI payments. In order to become eligible workers must accumulate some number of weeks of work within the previous years. Since young workers are likely to have less continuous work experience, they, and therefore their children, may find themselves ineligible. Only 12 states provide supplementary benefits based on the number of dependents, but the amounts of those supplements ($1 to $5 per dependent) are miniscule. Even for those who qualify for UI, 30 percent exhaust their insurance before they are able to find work. Usually discussions of UI center around the work disincentives associated with a given level or duration of insurance. Since a child is constantly growing and developing it is crucial that benefits, which may provide food, clothing and shelter, not be interrupted, regardless of the effects on a parent's incentive to work.

Aid for Families with Dependent Chidren—Unemployed Parent is a special provision of the AFDC program which provides financial assistance to families in which both parents are present, but the major breadwinner has become unemployed. Although this program attempts to recognize that children in the families of unemployed workers have continuing needs, AFDC-U is offered at the discretion of the states and currently only 27 states provide this assistance. Furthermore, the other eligibility criteria (such as available family assets) are so stringent that in 1980, only 10.6 percent of the families meeting the unemployment criterion actually received AFDC-U. Another way to view the stringency of eligibility for this program is to consider the fact that one study of those families that had exhausted their unemployment insurance (and presumably used up substantial portions of family resources), only 11.5 percent were eligible for AFDC-U. Perhaps the most troubling aspect of the AFDC-U program is the stigma attached to it because of its association with ADFDC, which is recognized as a "welfare" program, as distinct from an insurance program.

Among the programs which are in limited use, the continuation of selected fringe benefits is a potential aid to children. Continuation of benefits after the involuntary loss of a job is important because for every dollar of wages, an additional 20 to 30 cents in fringe benefits is earned. The one fringe benefit essential to children is, of course, health insurance. Since 80 percent of workers have work-related health insurance which is therefore forfeited with unemployment, each year millions of children are left without medical coverage, at a time when they are most likely to need it. Programs which would allow health insurance for children to be continued for some period of time would provide needed aid during stressful health-debilitating times.

Advance notice is a simple strategy that would probably serve children well. In pediatrics, the concept of anticipatory guidance is widely advocated. Informing parents of the problems that commonly accompany a particular developmental milestone or childhood illness oftens helps to ameliorate the anxiety associated with those events. It is logical to assume that such guidance would prove helpful to families prior to a layoff. Unfortunately, less than half of workers are covered by prior notification provisions and in those covered, the typical period is only a week or less. Our experience in our current work is that the uncertainty about when and if a layoff will occur engenders almost as much stress in a family as an actual layoff. Much of this stress (and its consequences) would be alleviated if workers were assured they would have advance notice.

Wage replacement or severance pay could help to offset some of the financial stress which families endure. Nevertheless, this benefit is uncommon as evidenced by the fact that only 37 percent of all workers in companies with more than 1,000 employees were eligible in 1978. Usually, severance pay amounts to only 2 weeks or less of pay.

The loss of work represents a major family stress which affects the lives of millions of children each year. Children are more likely to experience parental unemployment than the death of a parent, divorce or even major illness. Indeed, exposure to unemployment is so widespread that if it were an infectious disease like polio or measles, our nation would vigorously pursue policies against it. Members of Congress, parents, and all citizens concerned with the well-being of children in this country must insist upon policies which decrease the chance of unemployment. When joblessness occurs, however, we must further insist upon policies which ameliorate the deleterious effects on children.

Mr. **Miller**. Thank you.

Ms. Mager.

STATEMENT OF HELEN MAGER, R.N., MAHONING COUNTY HEALTH DEPARTMENT, YOUNGSTOWN, OHIO

Ms. **Mager**. I am Helen Mager. I am a Public Health nurse with the Mahoning County Health Department and, of course, the city of Youngstown falls within the confines of Mahoning County.

Before I start I would like to ask that some of these things be entered into the record.

[The documents refered to above follow:]

[From the Youngstown Vindicator, Jan. 30, 1983]

Giving Legal Aid to Poor Puts Burden on Lawyers

(By Peter H. Milliken)

As poverty mounts, the burden of providing legal services to the poor of Mahoning County is falling increasingly upon private lawyers.

"There are lots of folks who are not being served because of inadequate resources to serve them," Robert M. Clyde Jr., executive director of Northeast Ohio Legal Services, said.

"It's going to take a lot more attorneys doing a lot more public service to even begin to pick up some of the people who are not served now . . . the ones who are unable, because of their poverty, to afford access to the justice system," Clyde said.

Are the lawyers willing to help?

"I don't think there's a problem necessarily with willingness, although I would like to see more involvement by the private bar than there is now," Clyde said.

However, "I think the need is greatly beyond what the private bar can do," he added.

Involvement by the private lawyers is only one need. More money to finance NOLS and similar legal-aid programs is equally important, Clyde said.

NOLS, with seven lawyers, provides free help in civil matters to the poor of Ashtabula, Trumbull, Mahoning and Columbiana counties.

It operates on a $550,000 annual budget, $596,000 of which is federal money from the Legal Services Corp. Before the Reagan Administration budget cutbacks, the budget was $623,000 (with $535,000 from LSC).

The ratio of lawyers to the general population is 1 to 450, but the seven NOLS lawyers for 100,000 poor in the four-county area provide a ratio of only 1 to 14,000.

To serve the poor with the same ratio as the general population would require the equivalent of 238 fulltime lawyers in the four-county area, Clyde said. That would cost $17 million a year.

Clyde estimated the number of Youngstown-area poor who are going without legal help "in the scores of thousands."

The legal service has tried raising funds from private sources without much success, Clyde said. He hopes the Ohio General Assembly will soon enact a surcharge on court filing fees to help NOLS and other legal-aid programs.

"We're trying not to turn away people with good solid cases, although it's clear there is an absolute limitation on the number of divorce applicants we serve," he said

It is precisely in that area that the legal service has turned over part of its workload to the local bar.

The federal government requires legal services to give some of their budgets to the local bars for representation of indigents. NOLS gave $5,300 last year to the Mahoning County Bar Association. It has committed $16,000 this year.

In return, a panel of association lawyers handles about 10 divorce cases a month at reduced fees.

Its president, Atty. Lou D'Apolito, believes the bar association will bring the divorce cases up to date and then consider taking other cases later this year.

D'Apolito and Clyde believe all lawyers should do some *pro bono* work—legal help given free of charge or at reduced rates to those who can't pay the usual attorney fees.

However, neither believes that lawyers should be made to do so.

D'Apolito believes the majority of lawyers in private practice do some pro bono work, and that the amount is increasing.

He believes, too, that Mahoning County lawyers are dedicated to helping people who can't afford the usual fees. He says has never known a lawyer to refuse a court-appointed criminal case. Compensation for such cases is minimal, he said.

However, he notes that the number of lawyers has doubled in Mahoning County in the past 15 years, that lawyers now face many uncollectable debts, and that there has been a loss of legal work with the closing of the steel mills.

"That makes it more difficult for them to devote more time that they know will not be fee-generating," D'Apolito said.

Are the young lawyers of today less inclined to take on pro bono work?

"I don't know that you can say there's been a basic philosophical shift," Clyde said. "There's been a very practical change in the reality of the practice of law and what one can do economically. There are a lot of lawyers out there scrambling for less business."

Senior partners in several large law firms in Youngstown all said their firms do some pro bono or community-service work, either for individuals or non-profit organizations. The amount is difficult to quantify exactly, they said.

They indicated that lawyers in private practice often will perform community-service work without charge for churches, educational institutions, and civic and charitable organizations.

Staff lawyers at the DeBartolo Corp. and Cafaro Co. (each company has six) also perform some pro bono and community-service work on an individual basis.

[From the Youngstown Vindicator, Jan. 30, 1983]

BUDGET CRISIS THREATENS TRUMBULL NURSING HOME

(By John Goodall)

WARREN.—A budget crunch is threatening to take the Trumbull County Nursing Home the way of the dinosaur unless the county commissioners can tap additional funding sources.

An 11 percent drop in the county's anticipated revenue for 1983 is forcing the commissioners into a second round of budget hearings starting Monday. They will meet with department heads to discuss cutbacks in personnel and service.

The financial pinch is forcing them to cast a reluctant eye towards the nursing home. The facility represents a drain of more than $500,000 on the general fund.

"As an institution it's great," Commissioner Margaret Dennison said. "The patients are happy and well-cared for. It's a very kind thing to do. But when you consider it's an optional service and that we're facing cutbacks in our basic services, it becomes questionable."

Mrs. Dennison said the county faces a choice—to close the facility or ask the public for the funds to operate it properly. "I favor putting it on the ballot," she said. "With the budget problem being what it is, we have to find out how the people feel."

A levy may be the only viable option left to county officials, Commissioner Anthony Latell said, but he is against quick action on the matter.

Commissioner Arthur Magee, a strong advoacte of the nursing home, has pleaded for time to seek ways to shore up the facility's finances, and Latell said he should be granted that opportunity.

An infirmary, Mrs. Dennison said, could house total care patients and those with the most potential to develop a sudden health crisis. The others, she said, would remain in the present buildings.

Magee vowed to go over the home "stem to stern" in an effort to cut costs and investigate potential sources of funding.

Last year the county spent $761,121 to operate the home and received $235,236 in income from such sources as Medicaid. "Only a little over $4,000 of that revenue came from Medicare," Magee said. "I'd like to find out if we can get more of our patients to qualify for Medicare or other health programs."

The previous board of commissioners had authorized a $2,000 study of the Medicare problem by the Columbus consulting firm of Clemens, Nelson & Associates. "They gave me the word informally that we can't get Medicare," Latell said. "They used only about $700 before they found it was no go."

In any case, the county home is certain to continue operating throughout 1983. The county will receive the deed to the 34-acre property next year from the federal government under the stipulation that its present use is retained to that point.

The isolated complex off Route 7 was the former Brookfield Radar Base. It became the county home in 1964.

[From the Youngstown Vindicator, Jan. 30, 1983]

AWAITING INEVITABLE FORECLOSURE, FAMILY FEELS IMPRISONED IN HOME

CAMPBELL.—Bernadette Tablack and her family are prisoners in their own home. And even though their prison will soon be taken away, the bars will remain.

Mrs. Tablack, a divorced mother of two children, may be forced to leave her home in the next two months if foreclosure procedures are completed against her.

However, her house is all she has now.

She and her two children, a 17-year-old daughter and 19-year-old son, who live at 404 Lourdes Lane, have no car and no access to public transportation. Because of a lack of mobility and high unemployment, no one in the family is working.

The family is living off Mrs. Tablack's monthly $261 check from the Aid to Dependent Children program, food stamps and $186 per month her son, Mark, receives in general relief welfare funds.

About a year ago, her ex-husband, John, was laid off from Jones & Laughlin Steel Corp. and could no longer make house payments to the Federal National Mortgage Association in Columbus, Mrs. Tablack said.

The company filed a complaint in Mahoning County Common Pleas Court and Mrs. Tablack was delivered a summons. She answered in a letter to Dennis Reimer, attorney for Federal National Mortgage, and Judge Elwyn V. Jenkins.

Mrs. Tablack said she feels the letter has explained her situation, but holds no hope for a reprieve from the eventual foreclosure.

"I can understand their position," Mrs. Tablack said of the mortgage company. "There hasn't been a payment on this house in almost a year.

"If they have somebody ready to move in the next week—I can understand that," she said. "But if they're going to make me go out on the street and leave the house empty, they aren't gaining anything."

That possibility is very real for Mrs. Tablack, who, from her front porch, can see three dispossessed houses in her neighborhood boarded up and unoccupied. Two have been badly damaged by vandals, she said.

Reimer said the mortgage company hopes to have the foreclosure procedures complete and the house put up for sheriff's sale possibly in several months, depending on the direction of the court.

"We do have sympathy, but there's nothing we can do," the attorney said. "It's out of our hands."

He said he would refer the case to the U.S. Department of Housing and Urban Development office in Cleveland, which has programs that may be able to help.

However, there is little HUD can do for Mrs. Tablack.

Johnnie Walker, head realtor clerk at the Cleveland HUD office, said the only program available for the Tablacks would be if HUD acquired the home and rented to the family.

But because Mrs. Tablack is unemployed, she probably would not qualify, Mrs. Walker said.

"They have to have the funds to pay rent, and if they are not working, I don't think they would qualify," she said.

HUD probably will refer Mrs. Tablack to public housing, she said.

The Lourdes Lane home had been financed through HUD's 235 program, which paid a percentage of the house payment based on income. Programs that pay more have been canceled indefinitely, said Edward Kotnik, chief appraiser at the Cleveland office.

Ezell Armour, director of the Mahoning County Welfare Department, who became aware of the problem when it was referred to him by Judge Jenkins, said he also can do nothing to help.

"We have done all we could for this lade," Armour said, adding that his department sometimes does not have the means to give all that is needed.

"What we can give people is inadequate. We can't give them what they need," he said.

Jenkins also referred Mrs. Tablack's letter to Domestic Relations Judge John J. Leskovyansky, but he, too, said there was nothing he could do.

Mrs. Tablack has no where to go after she is evicted. Her parents are both deceased, and she has no relatives in the area to take her and her family.

Her ex-husband, now living in Struthers, "does whatever he can," Mrs. Tablack said. "I'd go on the witness stand—anywhere—to tell them he's done everything he can."

Since he has not been able to make house payments, he tries to make amends by buying things for the children and paying doctor bills, she said.

And while she still is making payments on a car that "blew up," the Tablacks are staying put in a house that may not be theirs much longer.

Until she is told to leave, Mrs. Tablack said, she will stay in the house.

When asked where she will go if she is evicted, Mrs. Tablack said, "I have no idea. There's no way I can even go looking for another place."

Her situation is unusual, Armour said.

"We have a lot of clients like this. People here are up against a lot," he added.

[From the Youngstown Vindicator, Jan. 30, 1983]

Only 29 Percent Pay City Income Tax

(By Bertram de Souza)

Fewer than 30 percent of Youngstown's 115,436 residents are paying city income tax today.

Put another way, most Youngstown residents are getting services from city government for which they do not pay a cent.

Yet, said Gary Kubic, deputy finance director, there is continual demand for such things as police and fire protection, health services, snow and ice removal, street lighting and clean streets.

But, he added, the demand is not being matched by an increase in revenue required to offset the higher cost of operating government.

"It is conceivable that over a number of years, without a significant number of jobs being created, Youngstown will never be able to continue providing the level of services people are accustomed to," Kubic warned.

The deputy finance director is compiling data on the city to show what has happened to the industrial and tax base over the past decade.

The figures also support the Vukovich administration's contention that without a significant growth in the city's work force, Youngstown, as it is today, will cease to exist.

Using 1980 census figures, Kubic has calculated that a mere 29 percent of the city's population pays income tax.

The census figures show that of the 115,436, 28 percent are 18 years old and under; 20 percent are 19 to 29 years; 31 percent, 30 to 59; and 21 percent are 60 and more.

"If you take the 18 and under, whom we know aren't working, and the senior citizens with fixed incomes which are not taxed, that's 49 percent of the population who aren't potential income producers," he explained.

This leaves 51 percent as the potential wage earners and taxpayers. But with Youngstown's jobless rate at 22 percent—Kubic claims it is closer to 30 percent—only 29 percent are actually working and paying taxes.

In 1970, 49.7 percent of Youngstown's 140,909 population paid income taxes.

Kubic also points out that the taxpayers in the 29 percent will account for slightly more than half of the $20.1 million the city expects to collect in income taxes in 1983.

About 47 percent, he said, will come from non-residents who work in the city.

The significance of this fact would be evident if the Ohio legislature and governor bow to pressure from townships and pass a law requiring cities to reimburse 50 percent of the taxes paid by non-city residents who work in the cities.

The effect on the city's operation would be devastating.

"The community as a whole, including local government, has to begin looking at the social/economic data that describes the level of conditions in our community," Kubic said. "It's imperative to begin understanding what's going on."

He contends that recent statements by some policemen and residents regarding the city's financial situation reflects a lack of knowledge about what has occurred.

The city cannot continue providing the same level of services without an increase in the income tax revenue, Kubic said. This increase will not materialize unless definite steps are taken to create jobs.

"The only way to offset the downward trend is by implementing a well-developed, generally accepted mid-range economic growth plan for the city," Kubic said. "The budgetary process for the city should be projected for a five-year period. We should evaluate and determine how we want the police, fire and public works departments to be in five years."

Ms. MAGER. Articles from yesterday's Youngstown Vindicator, which I did not have an opportunity to cut and mount, because I think they are very important, and address two things: (1) Some of the plights of the family and; (2) some areas of the country are not able to pick up more of the costs for serving their people.

One of the articles that I would like to submit is that only 20 percent of the people in Youngstown pay income tax. When you read it it states that this is the only portion of the population that has an income and are able to contribute and pay taxes to the city. So this is the reason why services are being decreased.

Further down it says Ohio owes $2 billion to the Federal Government for jobless loans. So, of course, obviously the State of Ohio is not in a position to pick up more costs for services.

Giving legal aid to poor puts burden on lawyers. This is within our own area so people who have financial problems are having difficulty if they are involved in some legal action even getting someone to help them in that area.

There is also an article that addresses a family's problem with foreclosure on their house and it is called, "Waiting inevitably for foreclosure. Family feels imprisoned in their home."

Another article says, "Foreclosures on hold as Salem banks carry delinquent mortgages," and that is about the banks trying to do their part in helping maintain families in their homes.

Another one that doesn't have to do with young people but also addresses the economic plight of the communities which would be both in the Mahoning County area and in Trumbull County, budget crisis threatens Mahoning County nursing home. Mahoning County also is selling their nursing home because the tax base has eroded so badly because they don't have the funds to keep these homes.

Another agency needs clothing, men's size, women's clothing and shoes. All of these are out of the paper.

Before I address you in a way I feel most comfortable, I want to read some facts to you and you can tie these into what I am going to say. These are facts from Mahoning County and these are gathered from agencies within our community.

We have a lot of things that are negative about our community but we do have some good things in that all the agencies that are there work very well to provide service.

One, unemployment is listed to be at 22 percent.

Two, there is an increase in the number of child abuse and child-neglect cases with a decrease in the number of case workers in children's services to handle the increased load because of budget cutbacks.

Three, a greater than 200-percent increase in utility costs in the Youngstown area over the last 5 years. This is the greatest increase of any area in the State and it is the area with the highest unemployment in the State.

Four, an increase of greater than 100 percent in persons using free clinics; and that would be our clinics.

Five, a decrease in the number of patients visiting private physicians.

Six, the schools in more affluent areas show continuing increases in the number of children on free lunches or reduced lunch programs. I took 10 schools and these are in the more affluent areas because if this is a picture of the affluent areas it would be obvious what it would be in like the inner city areas.

Currently on free lunch programs there are 3,151 children. On free lunch programs, 2 years ago there were 2,560.

Currently on reduced cost lunches there are 1,039. On reduced lunch programs, 2 years ago there was 917.

Battered persons said that they had an increase of 25 percent from 1981 to 1982 in the number of persons utilizing their facilities. During a current 3-month period they sheltered 137 people and they say they see their numbers dropping because the people, after they have received their services, have nowhere to go but back to the situation that they left which sometimes makes the whole situation worse so they choose not to leave.

Seven, help Hotline has shown a significant increase in the number of calls they receive. There have been increases in both suicides and threats of suicide.

Eight, mental health centers saw increased numbers of clients for counselling services, but could notice appreciable decreases in numbers as persons exhausted their insurance benefits.

Nine, in surveying only the largest of our four hospitals it was found that there was an increase of 18.5 percent in the last year of persons using their facility who were unable to pay in some way. They also have on the average in the hospital 10 persons a day who have absolutely no insurance coverage.

Ten, the severe budget problems in Mahoning County have necessitated a change in policy governing payment for hospital care for recipients of general relief and these are the people who are unemployed who don't have children and wouldn't qualify for AFDC. They will now pay for only 3 days stay unless the hospital's utilization review committee deems that a longer stay is necessary then a maximum of only 7 days will be paid for.

Eleven, more young children are being seen with emotional problems which appear to have a relationship to family problems.

Twelve, statistics gathered from maternal child health funded clinics in Ohio show Mahoning County to have a greater percentage of children with low hemoglobins than any other area in the State.

Thirteen, the Salvation Army and some community churches have established soup kitchens to feed the needy.

Fourteen, the Public Health nurses who are the only professionals who give direct services to families in the home in the State of Ohio, the two largest counties that make up the Mahoning Valley have fewer nurses per ratio population than anywhere else in the State.

Mahoning County has one nurse for 26,317 persons. Trumbull County has one nurse per 30,233 persons.

This is provisional data from the State of Ohio and its data that was taken from seven counties in Ohio, with the highest unemployment rate. There has been an increase in infant mortality in six of the seven counties from 1980 to 1981. Five of the seven counties had an increased rate of premature births from 1980 to 1981. There has been a significant increase in the number of women in these counties having babies in 1981 who received no prenatal care at all as compared to women in Ohio as a whole.

The Children's Defense Fund of Ohio projects that over the next 3 years potentially 60,000 children will be born in Ohio to parents who have no health insurance benefits because of unemployment or underemployment.

These are just a few facts I thought I would throw in about nutrition and pregnancy. A pregnant woman passes on to her child nutrition and vitamins. The first 8 weeks of pregnancy is the most dangerous to the fetus. High risk factors during the last two trimesters are poor nutrition, anemia, no prenatal care, mothers below the age of 15, and substance abuse.

For a point of information, fetal brain cells and brain cell growth are the most rapid at the latter part of pregnancy. If the brain cells are reduced in number they are never replaced. Good nutrition is essential to normal growth and development of the fetus, and to facilitate the birth of a normal healthy baby.

I feel that I am here not to talk about what I know but I hope that I am here to be the voice of the people that I see day in and day out, 5 days a week, listening to their problems, I find it very difficult to go home at night and not continue to think about them on my own time.

As public health nurses, we don't have the traditional role that most people see as a nurse. We don't wear a white uniform. We don't work in a sterile environment. We don't have adequate facilities to work with. We meet the people where they are. We see the children in the school. We see the mother in her home. We see the family at our clinic.

So I think we are in kind of a unique situation where we can view the problem from a little different aspect than most people.

We see the community a little more in its total picture. We know the economic problems because we are a tax-supported agency.

We also know the families' problems because we deal with that every day.

Mahoning County is primarily a rural county with most of the health services provided in hospitals centered in the city of Youngstown and its immediate suburbs. For the people that live in the rural area, there is no mode of public transporation. Many times the people that live in those areas have no transportation facilities at all.

The only clinics that serve these areas are the clinics that the health departments provide and that would be well child clinics and WIC clinics. Both are funded with Federal funds through the State health departments. The well child clinic in Mahoning County, although the State of Ohio as a whole had a decrease in their funds for 1982-83 fiscal year, the State, in assessing the needs of the area, literally increased the budget of Mahoning County for services to well child clinics while other areas of the State were decreased. This was solely based on the demonstrated needs of the area.

As I stated before, the conditions that we work under are less than adequate. It is sometimes cold. We wear insulated clothing and have heaters but the important thing is that people sit for hours to wait and receive these services under the same conditions that we work under.

One of our facilities is a bar. We work side by side with the bar. We have a happy time that day. Our cars have become storage closets. We carry everything except large equipment with us from site to site.

We always have adequate supplies of formula that we have had donated from the formula companies.

We carry food, clothing, vitamins, anything that we can beg or borrow or get free because we know that the people we are going to serve are in need of anything that we can get.

It is not uncommon for our staff to personally pay for medicine or food or other emergencies that arise that we don't have time to look for other resources in the community to pay for.

The emotional drain on a staff after putting in days like this, I think you can almost imagine what we go through, especially when we have several nurses on our staff whose husbands also are unemployed. One is on indefinite layoff. The other lost his job when a steel mill closed with no possibility of ever going back to work because he is in his late forties or early fifties and with the job market as it is in our area his chances of ever receiving a job are almost nonexistent.

These nurses have additional stress in dealing with their own problems and dealing with the problems of the people that we try to serve.

For me, some of the things I see bring back vividly some of the things that I endured during my childhood that I would like to keep suppressed. I was born in 1934, another time in the history of this country when things were not too great. My father was a coal miner, so needless to say, we were very poor. I was the oldest of five children.

I remember many days sitting down to dinner and my mother not eating, waiting until after we were fed, to make sure that there was adequate food for my father and for the children. Many times my mother didn't eat.

Today, being an adult, I realize it wasn't that she wasn't hungry or that she wanted to wait. She wanted to make sure that her family got fed first.

I see that happening today with mothers. I look at my mother, she has many physical problems, and I wonder how many of her physical problems that she is experiencing today are directly related to her under-nutrition during the time that she was pregnant or during the time that she was a young mother and that she is paying for this today; literally sacrificed herself for her family, and then I can't help but wonder how many of these young mothers today are going to in their later life, experience physical problems for the same reason.

In talking to children that we see in our clinics that are sent by schools for physical assessment because in the State of Ohio, before a child can be placed in special learning classes, there has to be a physical examination done to make sure that there isn't a physical reason for the child's learning problem, not just a learning problem in itself.

We talk to the children before we do a physical examination. We talk to the children by themselves and then we talk to the mother. In many cases when we talk to the children we find that there are problems in the home that are overwhelming these children that distract their attention and make it almost impossible for them to direct their attentions toward the learning process.

We talk to the mother and she generally confirms that there is a problem going on in the home. Most of it can stem back to the economic situation that they find deteriorating.

I can also identify with this child because I remember as a little child lying in bed listening to my mother and my father arguing over money and economic problems and worrying whether I was the cause of their problem or if one of my parents would leave and I would be stuck with one parent and no one to care for me. These children surely have the same fears.

Today, things are more complicated and there are more external pressures bearing down on these children than there were at the time I was growing up.

I listen to these children and these mothers and I can't help but be affected by their problems.

Over the past 2 years, and especially this last year, we have seen more than 100 percent increase in the number of children using our well child clinics and the WIC clinics.

The WIC clinic I feel has been the most beneficial Federal program ever given to people. It gives direct services to people that are in need. It gives food to the people that need it and when I hear that in the proposed budget this is one program that is being considered for reduction, it makes me want to sit down and cry.

I have worked with this program. I see the impact that it has made. I also know how badly I feel when I have to tell people that we can't put them on the program because there have been Federal cutbacks. And we have had to make greater restrictions on the number of people that we put on the program.

We have waiting lists. People have to wait approximately 2 months to get an appointment to come to a WIC clinic. We see 40 to 50 at each clinic.

Last December we had 6,000 people in Mahoning County on the WIC program. We were told by the first of March we had to reduce our numbers to 4,500.

Earlier we had been given a lower number but because a little more money came through from the Federal Government they moved our allocation up to 4,500.

But the problem that we find, we already have almost 800 people that we have certified that are waiting for slots to open before they can become actively enrolled on the program.

Mr. **Miller**. Are those pregnant women?

Ms. **Mager**. Pregnant and breast-feeding women are priority one. Some of them are children with nutritional needs or health problems that would make them eligible for the program but the problem is that some of these people will never get on because the pregnant and lactating women, of course, will be taking priority over the children.

From my observations, along with the dramatic increase in the number of persons requesting services, the startling revelation of the segment of the population that is in the greatest need and has been the most affected.

The middle-income family, which is the largest segment of our population and the largest group of taxpayers, now find themselves in a situation which is out of their control. The emotional impact on the family can be just as devastating as the economic one. This segment of the population has traditionally been able to solve their own problems.

For the first time they find that they have lost control of their lives and have to depend on others not only to give them emotional support but to help them literally feed their families.

Some of the examples I would like to cite to you, a few things that we have seen in our clinic and if you watched the CBS news program last week, the very last family on their program was our child.

It was very difficult for me to approach this mother and ask her if she would be willing to come forward with her story about her child because once she did this, the whole community would know they had a problem taking care of their own child.

As soon as the mother walked into the door with the child we knew there was an obvious problem. We just had to do some laboratory work to confirm our data that the child had severe nutritional anemia. He had a hemoglobin of 3.7 grams.

We called a physician and the child was hospitalized. He required two units of blood before he could be discharged. The physician called us before discharge, making sure that we would follow this family, and stating that if there was anything that he could do to help get the food for this family to please let him know.

Now, let me tell you this is not a family that would not take care of their children. This is a father who always worked, who always took care of his family, who found himself with no money coming in. He has exhausted all of his unemployment benefits.

The child, by the way, was 11 months old. They had to take the child off of the formula and they put him on 2 percent milk. We do a 24-hour diet recall on all of the people coming through so when we see what the mother was giving this child and the other children, they weren't denying this child anything that they weren't denying all of themselves. The diet was deficient for all of the family.

What made us feel badly was because we had 50 other people waiting in the hall we couldn't deal with the feelings of the parents which I am sure, having someone go to the phone, call a doctor and say take your baby to the hospital right away, and not deal with the feelings of that mother and father affected all of us because a lot of guilt was placed on these people at this time.

We didn't have the time to say, hey, we understand your problem. We understand you didn't have the money. We understand all of these things but right now we have to deal with this baby.

That mother and father voluntarily agreed to go on television to tell their plight because they said if it helped one other family it was worth them having their identity known.

That was the child whose name was listed in the Children's Defense Fund's publication that just was released last week.

We had another child, 10 months old, that we found with severe nutritional anemia. This child was a little luckier than the other child because the physician was able to treat the child without having to have blood transfusions.

We saw a pregnant woman in her third trimester with a hemoglobin of 7 grams which I think the doctor would attribute to being in the critical stage. We don't yet know the outcome of this woman's pregnancy. She hasn't had her baby yet.

But if you take into mind what I told you about the nutritional status and the brain cells of the baby developing in the last part of the mother's pregnancy, I wonder what will happen with this child.

By the way, the first child that was on TV I saw him last week. This child is doing well as far as his hemoglobin goes, but he still has quite a bit of developmental delays and he still is way below the fifth percentile for his height for age and weight for age.

We see a lot of children in clinics with severe dental problems. These are mostly in their permanent teeth. Most of these children will have no teeth by the time they reach adulthood.

I think we all know for good digestion and good mastication of our food we do need our teeth so I am sure a lot of these children later in life will have problems that are a direct result of their inability to properly masticate their food.

With local sources of money being almost nonexistent it becomes more difficult each day for agencies and other community organizations to meet the ever increasing demand for help.

There is no part of the community that has not been negatively affected by this severe economic situation.

I believe as a Nation our priorities are wrong and that time is long overdue for us to rearrange them to meet the needs of our people. Surely as the richest and most compassionate country on Earth we can make certain that the very basic needs of our own people are met before we start caring for the needs of the rest of the world.

[The prepared statement of Helen Mager follows:]

PREPARED STATEMENT OF HELEN MAGER, R.N. MAHONING COUNTY, OHIO

In the process of preparing this paper, the problem I encountered was "how can I effectively be the voice for the people to whom I have a responsibility to see that their voices are heard, about the very difficult times they are now experiencing and have been experiencing over the past few years." As public health nurses, my staff and I have been overwhelmed trying to do the best we can to help so many people who find themselves in stituations they don't know how to handle.

The population that we serve is approximately 145,000. We have a field nursing staff of four nurses. I am the Nursing Director as well as the Nurse Practitioner for the Mahoning County Health Department. The services that we provide are too numerous to elaborate. It would be easier to say that we serve all segments of the population. We serve as nurses, social workers, nutritionists, counsellors, friends, client advocates, and any other capacity that is necessary. We also serve as school nurses. I believe that we have opportunity to see a more complete picture of the needs of the community because of the type of involvement we have in the community.

Mahoning County is primarily a rural county, with no public transportation outside the city of Youngstown and very limited service to shopping malls in some of the suburbs. It is not uncommon in the rural areas to find people with no mode of transportation. The majority of the rural areas are considered to be medically underserved. The physicians and hospitals are concentrated within the city of Youngston and the near suburbs.

The only clinic service offered in these rural areas are those provided by the Mahoning County Health Department, and these clinics do not provide direct medical care to those needing medical attention. These clinics are only Well Baby Clinics and W.I.C. Clincs.

The Well Child Clinics are operated with funds provided by the Maternal Child Health Division of the Ohio Department of Health. Without these funds, these services would not be provided. It is the expert staff of the Maternal Child Health Division that make it possible for us to provide the service that we do. They keep in frequent contact with the counties that they serve, and are always available to lend assistance when needed. They know the needs of the counties and the funds that they receive are allocated based on need. In fiscal year 1982-1983, Maternal Child Health Funds to the State of Ohio were cut. The appropriation of grant funds to Mahoning County were increased because of the demonstrated need of the area. Other counties where the need was not as great found their funds reduced.

The conditions under which our clinics function are less than adequate. They are cold in the winter, and require us to carry heaters and to wear insulated clothing. Patients have to wait sometimes for hours in these same conditions to receive service. All the space we utilize for our clinics is donated, so we must be grateful that we have space from which we can provide service to the people. One of our sities is in a Legion Hall where we hold clinic side by side with the bar and its customers. Our personal cars have become storage closets. We carry everything except larger equipment with us from site to site. We also carry formula, food, clothing, vitamins, and anything else we can obtain free that we know is needed by our families. It is not uncommon for our staff to personally pay for food, medications or other emergencies that arise that need immediate solutions.

The emotional drain working day after day in these depressing situations seeing things deteriorate rather than improve definitely takes its toll on the care providers. This is especially true for several of our nurses whose husbands are on indefinite layoff or who have lost their jobs due to plant closings. For me personally, this brings back vivid parts of my childhood I would like to keep suppressed. I was born in 1934, another difficult time in the history of our nation. I was the oldest of five children. My father was a coal miner and we were poor. I see things occurring in families today that I also experienced first hand. I can remember my mother not eating until we are were fed. Sometimes there was not enough food for her. Other mothers are doing this today. They are putting the welfare of their families before their own personal needs. I ofter wonder how many of my mother's health problems are directly related to her lack of good nutrition during her pregnancies and her years as a young mother. Then I have to wonder how many of our young mothers of today will also have sacrificed herself physically for her family?

In talking to children sent to our clinics for physical assessment by the school because the children are having learning problems and are being considered for placement in special classes, we find that in some of these children, the problems at home are overwhelming them and they cannot direct their attention to their studies. Mothers will then confirm that there are conflicts in the home and most of them center around the families deteriorating economic condition. I can readily identify with the year that the child is experiencing. I can remenber as a child lying in bed at night listening to my partents argue over the same things, and worry whether I was the cause of their problems or if one of my parents would leave. These children surely have the same fears. today, things are more complicated and there are more external pressures bearing down on the child. I listen to these children and the mothers and can't help being affected by their problems.

Over the past two years, and especially during the last year, we have seen more than a 100 percent increase in the number of people using our Well Child and W.I.C. Clinics. This has been most dramatic in the W.I.C. Program where waiting time for appointments is two months, and there are 40-50 persons attending each clinic. At a time when the need is the greatest, our funds have been cut more than 20 percent. In December, we had 6,000 persons enrolled in the program in Mahoning County. Federal Funds were reduced and we were instructed to reduce our enrollment to 4,500 by March 1. Presently we have approximately 800 persons already certified for the program who are waiting for openings to become available before they can be actively enrolled in the program. Because of the great demand for help, the local W.I.C. Program found it necessary to place more restrictions on requirements for eligibility to make sure the service could be provided to those with the highest priority.

From my observations, along with the dramatic increase in numbers of persons requesting service, is the startling revelation of the segment of the population that is in the greatest need, and has been most affected.

The middle income family, the largest segment of our population and the largest group of taxpayers, now find themselves in a situation which is out of their control. The emotional impart on a family can be as devaslating as the economic one. This segment of the population has traditionally been able to sovle their own problems. For the first time, they find that they have lost control of their lievs and have to depend on others to not only give them emotional support, but to literally help them to feed their families.

Some examples of problems that we have seen in our clinics are:

1. Severe nutritional anemia in an 11 month old child requiring hospitalization and blood transfusions. This child still has some developmental delays that are attributed directly to his nutritional deficiencies.

2. Another child, 10 months old, with severe nutritional anemia found in time to be effectively treated without the need of transfusions.

3. Severe anemia (hgb. 7gms.) in a pregnant woman in her third trimester of pregnancy. It is not yet known what the outcome of her pregnancy will be.

4. Many young children are seen at Well Child Clinics with severe dental caries in their permanent teeth. There are no resources that address this problem. Many of these children will be wearing dentures before they reach adulthood.

With local sources of money being almost non-existent, it becomes more difficult each day for agencies and other community organizations to meet the ever increasing demands for help. There is no part of the commuity that has not been negatively affected by this severe economic situation.

I believe that as a nation, our priorities are wrong, and the time is long overdue for us to rearrange them to meet the needs of our people. Surely, as the richest and most compassionate country on earth, we can make certain that the very basic needs of our own people are met before we start caring for the needs of the rest of the world.

FACTS FOR MAHONING COUNTY

1. Unemployment rate 22 percent.

2. Increase in number of Child Abuse and Neglect cases with a decrease in the number of caseworkers in Childrens Services to handle the increased case load because of budget cutbacks.

3. Greater than 200 percent increase in utility costs in the Youngstown Area over the last 5 years. Greatest increase of any area in the state and the area with the greatest unemployment rate in the state.

4. Increase of greater than 100 percent in persons using free clinics.

5. Decrease in number of patients visiting private physicians.

6. Schools in more affluent areas show continual increases in the number of children on free lunches or reduced cost lunch program.

Following figures are from 10 suburban and rural schools:
Currently on free lunch program—3,151.
On free lunch program 2 years ago—2,560.
Currently on reduced cost lunches—1,039.
On reduced lunch programs 2 years ago—917.

7. Battered Persons had a 25 percent increase from 1981 to 1982 in the number of persons utilizing their facility. During a current three month period, they sheltered 137 persons.

8. Help Hotline has shown a significant increase in the number of calls they receive. There has been increases in both suicides and threats of suicide.

9. Mental Health Centers saw increased numbers of clients for counselling services, but could notice an appreciable decrease in numbers as more persons exhausted their insurance benefits.

10. In surveying only the largest of our four hospitals, it was found that there was an increase of 18.5 percent in the past year of persons using their facility who were unable to pay in some way. They also have on the average in the hospital 10 persons a day who have absolutely no insurance coverage.

11. The severe budget problems in Mahoning County have necessitated a change in policy governing payment for hospital care for recipients of General Relief. They will now pay for only three days stay, unless the hospitals Utilization Review Committee deems that a longer stay is necessary. Then a maximum of only seven days will be paid for.

12. More young children are being seen with emotional problems which appear to have a relationship to family problems.

13. Statistics gathered from the Maternal Child Health funded clinics in Ohio show Mahoning County to have a greater percentage of children with low hemoglobins than other areas in the state.

14. The Salvation Army and some community churches have established "soup kitchens" to feed the needy.

15. Public Health Nurses are the only health professionals that give direct service to families in their homes. In the State of Ohio, the two largest counties that make up the Mahoning Valley have fewer nurses per ratio of population than anywhere else in the State: Mahoning County 1:26,317; and Trumbull County 1:30,233.

PROVISIONAL DATA FROM THE SEVEN COUNTIES IN OHIO WITH THE HIGHEST UNEMPLOYMENT

1. There has been an increase in infant mortality in 6 of the 7 counties from 1980-1981

2. Five of the seven counties had an increased rate of premature births from 1980-1981

3. There has been a significant increase in the number of women in these counties having babies in 1981 who receive no prenatal care at all as compared to women in Ohio as a whole.

The Childrens Defense Fund of Ohio projects that over the next three years, potentially 60,000 children will be born in Ohio to parents who have no health insurance benefits because of unemployment or under employment.

IMPORTANT FACTS ON NUTRITION AND PREGNANCY

1. A pregnant woman passes on to her child nutrition and vitamins.

2. The first 8 weeks of pregnancy (Embryonic Period) is the most dangerous to the fetus.

3. High risk factors during the last two trimesters: a. Poor nutrition; b. Anemia; c. No prenatal care; d. Mothers below the age of 15 years; and e. Substance abuse.

Fetal brain cells and brain cell growth are the most rapid at the latter part of pregnancy. If the cells are reduced in number, they are never replaced. Good nutrition is essential to normal growth and development of the fetus, and to facilitate the birth of a normal healthy baby.

Public Health Nursing in Ohio—1983

Health Department by County	PHNs Employed 1977	PHNs Employed 1981	# PHNs Employed 1983	% Change in PHN Employment [illegible]	County Population 1980	Ratio of PHNs to Population 1983	Remarks
Adams County	1	4	2	+100%	24,328	1:12,164	Health levy [illegible] 1982
Allen County	7	[illegible]	6	+[illegible]%	112,241	1:18,491	
Ashland County-City*	[illegible]	[illegible]	[illegible]	+33%	46,178	1:[illegible]	Started home health
Ashtabula County	3	3	2	-33%	104,215	1:17,369	
Ashtabula City	2	2	2	0			
Conneaut City	1	1	1	0			
Athens City-County	4	4	4	0	[illegible]	1:14,1[illegible]	
Auglaize County*	3	3	6	+100%	42,554	1:7,092	
Belmont County	2	2	2	0	82,569	1:20,642	
Bellaire City	1	1	1	0			
Martins Ferry*	1	1	1	0			
Brown County	1	1	1	0	31,920	1:31,920	
Butler County*	7	7	[illegible]	-[illegible]%	258,787	1:17,253	Health levy failed 1981 and 1982 (twice)
Hamilton City*	11	10	10	-9%			
Middletown City	0	0	0	0			
Carroll County	1	1	2	+100%	25,598	1:12,799	
Champaign County	3	3	2	-33%	33,649	1:[illegible]	
Clark County	7	[illegible]	6	-14%	150,236	1:10,731	Clark County renewed levy - 1981
Springfield City	11	11	[illegible]	-22%			
Clermont County	[illegible]	[illegible]	1	-47%	128,483	1:128,483	
Clinton County*	2	[illegible]	[illegible]	+25%	[illegible]	1:[illegible]	
Columbiana County	1	1	3	[illegible]00%	113,572	1:16,225	
East Liverpool	1	1	1	0			
East Palestine	1	1	1	0			
Salem City	1	0	1	0			
Wellsville City	1	1	1	0			
Coshocton County*	2	2	2	0	36,024	1:9,006	
Coshocton City*	2	2	2	0			
Crawford County	2	2	2	0	50,075	1:5,564	
Bucyrus City	4	4	4	0			
Galion City*	4	4	3	-25%			
Cuyahoga County*	92	92	[illegible]	-50%	1,498,295	1:16,652	Cleveland had financial defaults, 1979 Cl. Hts. Stopped home health
Cleveland City	54	23	[illegible]	-44%			
Cleveland Heights*	3	2	2	-33%			
East Cleveland	2	2	1	-50%			
Lakewood	2	2	3	+50%			
Shaker Heights	1	1	1	0			
Darke County*	4	4	4	0	55,096	1:13,774	
Defiance County*	5	[illegible]	10	+100%	39,987	1:3,999	
Delaware City-Co.*	7	[illegible]	8	+14%	53,840	1:6,730	
Erie County-Sandusky*	10	10	10	0	79,655	1:7,966	Passed new levy, 1981 and
Fairfield County	3	3	3	0	93,678	1:15,613	Health levy failed 1982
Lancaster	3	3	3	0			
Fayette County*	8	11	9	+13%	27,467	1:3,052	Passed new levy 1981 Started home health
Franklin County +	8	8	10	+25%	869,109	1:18,995	Combined VNA and official agency dissolved in 1981
Columbus City*	91	83	[illegible]	0			
Fulton County	4	4	4	0	37,751	1:9,438	
Gallia County	3	3	3	0	30,098	1:5,016	
Gallipolis*	2	2	3	+50%			
Geauga County	3	3	[illegible]	0	74,474	1:[illegible]	Started Home Health
Greene County *	22	17	[illegible]	-[illegible]%	129,769	1:[illegible]	Health levy failed 1982
Guernsey County*	8	8	[illegible]	0	42,024	1:[illegible]	Renewed levy 1981
Hamilton County	11	11	[illegible]	-27%	873,136	1:12,298	
Cincinnati*	86	81	56	-35%			
Lockland	1	1	CLOSED	—			
Springdale	1	1	1	0			
Norwood	6	6	3	-50%			
Reading	1	1	1	0			
Sharonville	1	1	1	0			
St. Bernard	1	1	1	0			
Hancock County *	5	3	2	-60%	64,581	1:16,146	Started home health
Findlay	1	2	2	+100%			
Hardin Co.-Kenton*	4	7	[illegible]	+100%	32,719	1:[illegible]	
Harrison County	5	5	[illegible]	0	18,152	1:3,630	

Health Department by County	#PHNs Employed 1977	#PHNs Employed 1981	#PHNs Employed 1983	% Change in PHN Employment 1977-1983	County Population 1980	Ratio of PHNs to Population 1983	Remarks
Henry County*	2	2	3	+50%	28,383	1:9,461	
Highland County*	4	3	4	0	33,477	1:8,369	Renewed levy 1981
Hocking County	2	2	4	+100%	24,304	1:6,076	Health levy failed 1982
Holmes County*	6	6	5	-17%	29,416	1:5,883	
Huron County*	6	11	9	+50%	54,608	1:5,461	
Bellevue	1	1	1				
Jackson County*	2	2	3	0 +50%	30,592	1:10,197	Health levy failed 1981; passed 1982
Jefferson County	6	6	6	0	91,564	1:7643	
Mingo Junction	1	1	1	0			
Steubenville*	5	5	5	0			
Toronto City	1	1	1	0			
Knox County*	3	3					
Mt. Vernon	4	1	5	-29%	46,309	1:9,262	Health depts combined
Lake County*	16	16	15	-6%	212,801	1:13,300	
Painesville +	1	1	1	0			
Lawrence County	4	4	4	0	63,849	1:10,642	Started home health
Ironton	2	2	2	0			
Licking County*	5	6	6	+20%	120,981	1:10,082	
Newark*	5	7	6	+20%			
Logan County +	8	17	13	+63%	39,155	1:3,012	Started home health
Lorain County +	25	25	27	+8%	274,909	1:6,109	Started home health
Elyria	4	5	6	+50%			
Lorain City +	12	13	12	0			
Lucas County*	14	20	14	0	471,741	1:21,443	Started home health
Toledo City	—	5	8	+60%			City established PHN service 1981
Madison County	4	5	4	0	33,004	1:8,251	
Mahoning County	6	6	6	0	289,487	1:26,317	
Campbell City	1	1	1	0			
Struthers	1	1	1	0			
Youngstown	1	3	3	+200%			
Marion County	3	2	2	-33%	69,974	1:17,494	
Marion City	2	3	2	0			
Medina County*	8	9	8	0	113,150	1:14,144	Health levy failed 1981;
Meigs County	2	2	2	0	23,641	1:11,821	Health levy passed 1982
Mercer County*	4	4	4	0	38,334	1:9,584	
Miami County	3	3	3	0	90,381	1:15,064	Health levy failed 1981
Troy City	2	2	2	0			
Piqua	1	1	1	0			
Monroe County	1	1	1	0	17,382	1:17,382	
Montgomery County*	60	41	39	-35%	571,697	1:14,659	Health levy failed 1981;
Morgan County	3	3	3	0	14,241	1:4,747	Health levy failed 1982
Morrow County*	3	3	3	0	26,480	1:8,827	Health levy passed 1982
Muskingum-Zanesville*	7	7	7	0	83,340	1:11,906	
Noble County*	1	1	1	0	11,310	1:11,310	
Ottawa County +	3	7	7	+133%	40,076	1:5,725	Started home health
Paulding County	2	1	1	-50%	21,302	1:21,302	
Perry County	2	2	2	0	31,032	1:15,516	
Pickaway County	2	3	3	+50%	43,662	1:14,554	
Pike County*	2	2	4	+100%	22,802	1:5,701	Health levy failed 1982
Portage County	14	1	1	-93%	135,856	1:67,928	Multiple levies failed for County Health Department
Kent City	1	0	0	-100%			
Ravenna	1	1	1	0			
Preble County*	3	4	3	0	38,223	1:12,741	Health levy failed 1981
Putnam County +	2	2	3	+50%	32,991	1:10,997	Started home health
Richland-Mansfield*	18	18	19	+5%	131,205	1:6,906	Combined VNA and official agency
Ross-Chillicothe*	9	9	14	+55%	65,004	1:4,643	
Sandusky County*	5	15	13	+160%	63,267	1:4,867	
Scioto County	3	3	3	0	84,545	1:16,909	Health levy failed 1982
Portsmouth	3	2	2	-33%			
Seneca County +	6	7	4	-33%	61,901	1:15,475	Renewed levy 1981; Started home health
Sidney-Shelby Co.	4	5	4	0	43,089	1:10,772	
Stark County	11	12	11	0	378,823	1:18,941	
Alliance City	1	3	2	+100%			
Canton	5	5	5	0			
Massillon City	2	2	2	0			

Health Department by County	#PHNs Employed 1977	#PHNs Employed 1981	# PHN's Employed 1983	% Change in PHN Employment 1977-1983	County Population 1980	Ratio of PHNs to Population 1983	Remarks
Summit County	38	38	40	+ 5%	524,472	1:7,601	
Akron	38	37	26	-32%			
Barberton	2	3	3	+50%			
Trumbull County	3	3	3	0	241,863	1:30,233	
Girard City	1	1	1	0			
Niles City	1	1	1	0			
Warren City	3	3	3	0			
Tuscarawas County*	11	14	10	-[illegible]%	84,614	1:6,044	Health levy failed 1982
New Philadelphia*	3	4	4	[illegible]%			
Union County	4	4	4	0	29,536	1:7,384	Health levy passed 1982
Van Wert	3	3	3	0	30,458	1:[illegible]	
Vinton County*	[illegible]	3	3	+50%	11,584	1:3,861	
Warren County*	[illegible]	[illegible]	10	+ 11%	[illegible]	1:[illegible]	
Washington County	3	3	3	0	64,266	1:10,711	
Belpre City	1	1	1	0			
Marietta	1	1	2	+100%			
Wayne County-Wooster	7	7	7	0	97,408	1:13,915	Health levy failed 1981
Williams County*	2	3	3	+50%	36,369	1:9,092	
Bryan City	1	1	1	0			
Wood County*	16	7	8	-50%	107,372	1:13,422	
Wyandot County †	2	2	2	0	22,651	1:11,326	Started Home Health
TOTALS	1,067/150 agencies	987	90.5/148 agencies	-15%	10,797,419	1:11,931 (average)	
[redacted]							

KEY:

* = Home Health Agency (HHA)

† = New Home Health Agency

o = Discontinued Home Health

AGENCY ANALYSIS 1977-1983

	1983 Total # Agencies	# Agencies ↑ PHNs / %	# Agencies ↓ PHNs / %	# Agencies No Change / %
All Health Depts.	149	41 / 28%	30 / 20%	77 / 52%
City Health Depts.	72	16 / 22%	13 / 18%	43 / 60%
County-Rural Health Depts.	76	25 / 33%	17 / 22%	34 / 45%
Health Depts. w/ HHA	58	26 / 45%	12 / 20%	20 / 35%
Health Depts. Ø HHA	90	15 / 17%	18 / 20%	57 / 63%
Health Depts. w/ NEW HHA	10	6 / 60%	1 / 10%	3 / 30%
Health Depts. D/C HHA	3	0 / 0	3 / 100%	0 / 0

Mr. MILLER. Thank you.

Dr. Walker, have you also scaled back the WIC program in terms of priorities?

Dr. WALKER. Yes; we have had to scale back in our State.

Mr. MILLER. Have you lowered the age at which you will continue to treat children? Children up to 5 years old now. Have you moved that back?

Dr. WALKER. We have shifted that back, yes.

Mr. MILLER. Pregnant women still remain the highest priority?

Dr. WALKER. Yes.

Mr. MILLER. What kind of waiting list are you experiencing in Michigan?

Dr. WALKER. I think we have about 35,000 families waiting, mothers waiting.

Mr. MILLER. Do you know how many pregnant women that is?

Dr. WALKER. I don't have that figure. The average waiting time is about 2 months but we don't have the exact figures here.

Mr. MILLER. For pregnant women?

Dr. WALKER. Yes.

Mr. MILLER. So a woman would come to see you when she is 3 or 4 months pregnant?

Dr. WALKER. Roughly, yes.

Mr. MILLER. And she might not get on until the fifth month of pregnancy?

Dr. WALKER. Yes.

Mr. MILLER. One conclusion of the studies of the WIC program has been that the earlier we saw the pregnant woman the more success we had in terms of preventing low-birth weight and attendant problems.

As you know, that program is currently scheduled to be level funded for this year and we will have to see what happens.

Ms. MAGER. You asked about the age of the children. We have had to scale back to not taking children who are over 3½ years of age.

Mr. MILLER. Is that in Ohio generally or in just your program?

Ms. MAGER. That is in our program because we have such an over-abundance of people that need the program and that we know that many of these children that are 3½ will never get on the program because the pregnant and lactating women will take priority over them.

We are taking waiting lists. We are telling them the possibility of them ever receiving service is almost nonexistent.

Mr. MILLER. But, in spite of that, you still have a waiting list among pregnant women?

Ms. MAGER. Yes.

Mr. MILLER. Well, that will be interesting. The other committee will be hearing more about that.

I want to thank you for your testimony. I think what you have demonstrated parallels what the previous panel presented in very specific instances. The resulting malnutrition or the instability in the family for example. I think what you have suggested is that in areas of high unemployment there are some general characteristics that can be attributed to these families—certainly in terms of the statistics which you have put together for Michigan, Dr. Walker.

I would just hope that Congress will start to come to grips with the kinds of services that are needed. When you tell us, Dr. Margolis, that 13 million children are going to experience unemployment for longer than a week, that is a significant number of children having impressions formed under that kind of stress.

Children are our future, yet absent that recognition of what this policy of high unemployment is doing to these children, it has a hollow ring to it in terms of political rhetoric.

Ms. **MAGER**. You might find interesting something we have done with the WIC program although the State may not approve. We feel that if the mother qualifies and she worries about her baby we are giving the mother a choice because they are on it and the baby is not.

She is going to be able to have it anyway. She can make the choice between her or her baby but we try to tell her that it is best if she stays on because if she is getting the nutrients the baby is getting it but she is always worrying that if things get worse at least she knows her baby will have something coming.

You can't make her see the rationale in it being more beneficial for her to stay on. It seems to make her feel guilty if she is taking it and the baby isn't. Many times they will opt to put the baby on rather than themselves when it would seem to be better if they did the opposite.

Mr. **MILLER**. Mr. Owens. Any questions?

Mr. **OWENS**. No, thank you.

Mr. **MILLER**. One of the things that a number of people have talked about this morning, and I wondered if you would like to elaborate on it, is the idea that these are young families. Mr. Kildee said in Flint if you are under 30 you are probably unemployed, because of seniority rules or other circumstances. We are talking about young families with young children. Could you elaborate on that?

Ms. **MAGER**. We find primarily the mid-twenties to mid-thirties age group. Few are coming for services that are over 35. It is that group most definitely affected. In our area especially, many of those probably will not be called back to their jobs.

Dr. **WALKER**. We also see it in the younger age group. An interesting element here is that we have found that in this age group mothers are cancelling appointments because they do not want to appear at the clinic and indicate that they can't pay. It is a sense of pride. It is having an effect on people we see at the clinics.

In the younger age group there is a sense of pride that we don't want handouts, we want to pay for what we get.

Mr. **MILLER**. Thank you for your time and trouble.

Dr. Margolis, if you will leave the other document with us, we would very much appreciate that. We are very interested in the progress of your study in this area.

Perhaps we can learn from some of our current unfortunate circumstances.

Finally, the committee will hear from Father William Kelligar, executive director of the United Catholic Social Services of Omaha, Nebr. and I believe he is also testifying on behalf of the National Conference of Catholic Charities.

STATEMENT OF FATHER WILLIAM KELLIGAR, EXECUTIVE DIRECTOR, UNITED CATHOLIC SOCIAL SERVICES, OMAHA, NEBR., ON BEHALF OF THE NATIONAL CONFERENCE OF CATHOLIC CHARITIES

Father KELLIGAR. Thank you, Mr. Chairman. I thought you were going to say the time of the gentleman from Nebraska has expired. It usually happens about this time of day. Does the House call you into quorum calls soon?

Mr. MILLER. We will wait and see what they do.

Father KELLIGAR. I am Father Bill Kelligar, executive director of United Catholic Social Services, Omaha. I appear today as spokesperson for the National Conference of Catholic Charities, an organization comprising 700 agencies and branch agencies, 230 institutions, including programs ranging from child care to homes for the aging.

Our programs utilize the services of over 80,000 volunteers annually in addition to our staffpersons and directly served more than 3,470,000 individuals in 1981. The Catholic charities agency is an integral part of practically every diocese in the United States. The diocese is our organization of church structure.

Mr. Chairman, may I express our gratitude to you personally for your work for foster care children and creation of the Select Committee on Children, Youth and Families of the House of Representatives. This committee is very important.

About myself. I head a typical Catholic charities agency employing 115 people in 17 different programs, 9 locations, 2 of them in outstate Nebraska, with a budget of $3 million. In outstate Nebraska, one of our offices is in Columbus. Shortly before Christmas in nearby Schulyer, the Land of Lakes beef processing plant closed, 500 people out of work. Heavy impact, wrong time of year, lots of reasons involved, but a small community of 3,000 people hit savagely by unemployment in the wintertime, devastating effects on the people. Most of them had never known unemployment.

Our agency budget reflects a mixture of church funds, State of Nebraska funds United Way funds and program fees. In the early years, as far as Catholic Charities agencies were concerned, we carried all the load ourselves. We provided the services, received most of our money from church sources, also some from program fees but practically none from any kind of State or Federal body.

Over the years these agencies have developed a working partnership with Federal programs, State and local funding sources, city and county included, and this has markedly increased in the last decade. It is a good working partnership with Government and private and corporate donors.

In good times our agency provides counseling for married people and for people about to get married. We provide services for adoptive parents. We deal with spouse abuse, single parents, neighborhood programs, and alcoholism services. We are the largest service provider in the State of Nebraska which contracts with the State for alcoholism services.

In the last 6 months, really very recently, we have seen dramatic changes as unemployment and the fear of unemployment have even struck Omaha. Our rate is not high when compared with the kind of places we have heard about this morning, Flint, Mich., for instance. Our rate is about 8 percent. Things work from both coasts toward the inner part of the Nation. The fads beginning on the east or west coast take 2 or 3 years sometimes; fads, social problems, trends, whatever.

You fly from the Bay Area to this city and we are midpoint, mid-point between Mexico and Canada, and it takes about 2 to 3 years for things to hit us.

Mr. **Miller.** You better hold on to your pants then, if that is the case.

Father **Kelligar.** Usually we can look at what is happening elsewhere and know how it is going to be for us about 2 years down the road. We have been lucky, but I can recognize the effects of our unemployment rate on our agency programs.

I asked several of the people heading program areas before I left town Friday: Tell me exactly what in your work you have found as a result of unemployment. I am going to testify before some people in Washington on what is happening. They said counseling loads have increased. Fees, people are unable to meet them. The counselors have said there has been a marked increase of child abuse in the last few months.

We placed last year about 35 babies in adoptive homes, saw about 200 unwed mothers, but 3 of our adoptive fathers have been thrown out of work in the middle of the adoption process. Our unwed mothers and single parents find it quite difficult to obtain jobs. Increasingly they are turning to welfare. This used to be an area they could get jobs and manage to raise the child.

Among agencies as a whole in the metropolitan area, half a million people, there has been a 35-percent increase in requests for basic services during 1982. All agencies who receive something from Government sources, and that is probably about half of the functioning agencies, find themselves turning at the same time to voluntary sources and to private contributors.

Feeding the hungry is the most dramatic and serious problem, the easiest way to measure the effects of unemployment. We measure 1981 against 1982. The system in Omaha is that the various churches support several different pantries. These food pantries raise funds at the parish or congregation level and are administered by agency people.

In 1981 our own pantry served 8,016 individuals, last year, 18,270, up 10,286, more than a 100 percent increase. Most of this increase occurred during the last 6 months of the year. In money terms, in 1981 we spent $41,000; last year, $92,000, so again a doubling. Most of the individuals that were served are not "individuals," but they are really children, families, but the largest number of individuals will be actually children. We only scratch the surface of feeding hungry people through the pantry program because we limit ourselves to 3 days of food certain times of the year.

If you add the programs together we are not doing very much to meet the hunger problem, and Government has to play a larger role. Orlando, Fla. has a similar story. There is a dramatic increase for emergency services, including housing, utilities, food. In 1980 they served in the food program 3,356 people, in 1981, 4,751, in 1982, 6,954.

One program providing a hot meal at midday served in 1980 6,500; in 1981 about the same number; but in 1982, 7,260 people. One day in December last year the all-time high of 339 was reached. The normal daily average is 240. Orlando is an area where people from the North go because it is warmer. The mild climate attracts people, but the shelter facilities are strained beyond their bearable limits.

In 1980 they served 15,458 people. That figure increased in 1981 to 17,831. Last year, a 25-percent increase over 1980—last year they handled 20,291 people. The churches and the rest of the voluntary sector are doing all that we can. We do well what we try to do, but what we attempt falls far short of actual need.

I think that picture is multiplied across the country for our Catholic agencies. If you take the unemployment rate in Omaha and multiply the rates elsewhere you have a good idea of what unemployment is doing to families and children.

There are two kinds of poor people, the chronic poor, the new poor. It is an important distinction. The chronic poor have in our area given up. They are under educated and under skilled, have scrambled for years to cope with the system. Professional and trained people have the jobs. Today the chronic poor are truly defeated and hopeless in our metro area. The new poor have recently been laid off. They have never needed assistance, have no place to go, are becoming the homeless. Often they are evicted. Landlords used to extort their pound of flesh, and now they are willing to take anything just to keep people in their places at the present time.

That is ominous in a sense. The only sign of hope I can detect was the remark the President made in the State of the Union address last week when he said that Government is part of the solution. Of course it is part of the solution. I am 55 years old. For 48 of the last 50 years it has been commonly agreed policy in this country that Government was in partnership with industry and private voluntary sector people in working out solutions to our problems.

That has been the accepted political wisdom shared widely by both parties. Only in the last 2 years has this been questioned. It is very hopeful to see this principle once again recognized. Certainly our agency has become effective because it is a partner with Government. In this case it is State Government, but in partnership with government as a service provider. It is not accurate to say as I read quite often that social service programs have been cut to the bone. That is not an accurate statement.

Mr. Chairman, budget cuts as they affect social service programs have cut into the bone—not to it, but into it. Social program cuts have gone too far and they have begun to cost more than such cuts can ever be worth in monetary terms.

Specifically, what does the National Conference of Catholic Charities suggest? Specifically, in the last session of Congress, both parties agreed to do something about the homeless. That was lost in the year end shuffle, probably that conference report. We understand that legislation will be introduced this week to provide $200 million to address the problem of the homeless. We urge its quick passage before the ravages of winter are over.

I understand this can be done quickly, the money can be distributed quickly, that there is a mechanism that can make the money flow rapidly. Mortgage foreclosures. Why wait until this is a disaster? Perhaps some form of mortgage interest guarantee can be adopted. That way no capital is lost, but the interest guaranteed. I suggest that will be less expensive than the eventual welfare costs when an individual loses a farm or a home, a major asset.

We have seen the national TV look at farm sales. Prevention in the area of loss of farm or home is an area worth considering. The White House is exploring a plan to house the poor in unused Federal facilities. Take a quick look at that. Our agency in Denver requested something similar 3 or 4 months ago and so far nothing has come of it.

Fourth, public service jobs. Who are we kidding? Creation of temporary programs for needed public works and improvement of essential facilities is not a waste of money. Unemployment can be eased only by employment, the sooner the better. How many more children have to suffer while this issue is debated and finessed, suffer unnecessarily.

Finally, the creation and funding of the Select Committee on Children, Youth, and Families. Impact of unemployment is only a small part of that committee's agenda. The governmental role in the welfare of children again is only a small part, but I am sure that the energy of the House of Representatives is vital to the revival of our nation and this proposed committee can be a real source for such energy.

There are two kinds of suffering, unavoidable suffering and unnecessary suffering. Any priest will deal often with unavoidable suffering, and we try to alleviate that in a variety of ways, and prayer is certainly one of them. Unnecessary suffering—the unemployed people who have risen in our midst during this past year are surely in the category of unnecessary sufferers. They look to you for help. Agencies working with them and for them look to you for help. Please do not let such an opportunity slip away.

Thank you.

[The prepared statement of Rev. William Kelligar follows:]

Prepared Testimony of Rev. William Kelligar, Executive Director, United Catholic Social Services, Omaha, Nebr., for the National Conference of Catholic Charities

I am Father Bill Kelligar, Executive Director of United Catholic Social Services, the Catholic Charities agency of the Archdiocese of Omaha. I appear today as spokesperson for the National Conference of Catholic Charities, an organization comprising 700 diocesan and branch agencies and 230 institutions which include programs ranging from child care to homes for the aging. Our programs utilize the services of over 80,000 volunteers in addition to our staff persons and directly served more than 3,470,000 individuals in 1981. The Catholic Charities agency is an integral part of every Catholic diocese in this country.

Mr. Chairman, may I express our gratitude to you personally for your work for children in foster care and particularly for your efforts in creating the Select Committee on Children, Youth and Families of the House of Representatives.

As Executive Director, I head a Catholic Charities agency. We employ 115 people in 17 different programs in nine different locations (two of them in outstate Nebraska) with a budget of nearly $3 million. Over 300 volunteers assisted us last year. Our budget reflects a mixture of Archdiocesan funds, United Way funds, State of

Nebraska funds, and program fees. In the early years, private agencies carried most of the social services workload. Over the years, Catholic Charities agencies have developed in partnership with federal, state and local funding sources, city and county. This has increased markedly in the last decade, but it has become a good working partnership with government as well as private and corporate donors.

In good times, our agency provides counseling for married people and people about to become married. We work with adoptive parents and single parents, with people involved in spouse abuse, with neighborhood programs, and with alcoholism services. We are the largest not-for-profit service provider which contracts with the State of Nebraska for alcoholism services.

The last six months have been some dramatic changes for us as unemployment and even the fear of unemployment have struck Omaha. Things begin on both coasts and work inward—trends, fads, social problems. When they finally reach us, they are firmly established elsewhere. Our unemployment rate is only 8 percent. We are lucky. However, I can recognize its effect on our agency work:

Counseling loads have increased, and people are less able to pay fees.

A marked increase in child abuse has occurred in the last six months.

Three of our adoptive fathers have been laid off during the adoption process.

Our unwed mothers and single parents are now finding it difficult to obtain jobs and are turning to welfare.

People in our halfway houses are experiencing similar job difficulties.

Among agencies as a whole in the Omaha metropolitan area (500,000 people), there has been a 35 percent increase in requests for basic services in 1982. All agencies who received "something" from government are being sent at the same time to voluntary sources, i.e., contributors.

Feeding the hungry has become a serious problem. I think it is a clear illustration of the impact of unemployment in Omaha. We have a good food pantry system, supported by the churches. Our own pantry is one of the largest since we are 35 percent of the population.

In 1981, our pantry served 8,016 individuals; in 1982 the pantry served 18,270 individuals. Most of this increase occurred in the last six months of the year. Most of these individuals were children. In money terms, 1981 involved $41,017, and the 1982 figure was $92,161, more than double. We only provide three days food to a family, and that only three times a year. Similar limits govern other pantries. We are only scratching the surface of feeding hungry people. Private agencies simply cannot meet the needs. Government has to play a larger role.

The Catholic Charities agency of Orlando, Florida has a similar story. There are dramatic increases in requests for emergency services, including housing, utilities, food. In 1980, 3,356 people requested emergency services; in 1981, 4,751; and in 1982, 6,954. One program providing a hot meal at mid-day served 6,510 people in November, 1980; 6,600 people in November, 1981; and 7,260 people in November, 1982. One day in December of 1982 the all-time high of 339 people served was reached, whereas the normal daily average was approximately 240 people. Figures for emergency shelter include 15,458 in 1980; 17,813 in 1981; and 20,291 in 1982. High unemployment in the North and the mild climate in the South combine to make the area attractive to the unemployed but strain emergency services beyond their limits. The story is similar everywhere.

The churches and the rest of the voluntary sector are doing all they can. We do well at what we attempt to do. What we attempt falls far short of actual need. If you take our unemployment rate in Omaha and multiply for higher unemployment rates in other cities, you have a good idea what unemployment is doing to families and children, and it is not a pleasant picture.

There are two kinds of poor people—the chronic poor and the new poor. This is an important distinction. The chronic poor have now simply given up. They are undereducated and unskilled. They have scrambled for years finding ways to cope with the system. Professional and trained people have now grabbed the few jobs available. Today they are defeated people, truly defeated and hopeless.

The new poor have recently been laid off. They have never needed assistance. They have no place to go. Many are becoming the homeless. Often they are evicted.

The only sign of hope I can detect was a remark the President made in his State of the Union address last week. He said that government is part of the solution. Of course it is. I am 55 years old, and for nearly 50 years that has been the accepted political wisdom in this country, shared widely by both parties. Only in the last two years has this been questioned, and look what has happened! It is very hopeful to see this principle once again recognized. Certainly our agency is very effective because it has state government as a service provider partner.

It is not accurate to say that government has "been cut to the bone." Mr. Chairman, budget cuts, as they affect families and children, have cut into the bone. Social program cuts have gone too far, and they have begun to cost more than such cuts can ever be worth in monetary terms.

What does NCCC suggest, specifically? In the last session of Congress, both parties agreed to do something about the homeless. That was lost in the year-end shuffle. We understand that legislation will be introduced this week to provide $200 million to address the problem of the homeless. We certainly urge its quick passage before the ravages of winter are over.

Second, mortgage foreclosures are a serious problem. Why wait until this becomes a disaster? Perhaps some form of mortgage interest guarantee can be adopted. I suggest that will be far less expensive than the eventual welfare costs when a family loses such a major asset. We have all seen national TV look at a farm sale or two. Prevention in the area of loss of farm or home is an area well worth considering.

Third, the White House is exploring a plan to house the poor in unused federal facilities. Take a quick look at that, and I stress quick. Our agency in Denver requested something similar three or four months ago and still does not have a facility.

Fourth, public service jobs deserve serious consideration. Who are we kidding? Creation of temporary programs for needed public works and improvements of essential facilities is not a waste of money. Unemployment can only be eased by employment, and the sooner the better. How many more children have to suffer while this is debated and suffer unnecessarily?

Finally, the creation and funding of the Select Committee on Children, Youth and Families needs approval. Impact of unemployment is only a small part of this Committee's agenda. The governmental role in the welfare of children and families is another small part. I am sure that the energy of the House of Representatives is vital to the revival of our nation, and this proposed Committee can be a real source for such energy.

There are two kinds of suffering—unavoidable suffering and unnecessary suffering. The unemployed people who have risen in our midst during this past year surely fall into this latter category. They look to you for help. Agencies which work with them and work for them look to you for help. Please do not allow the opportunity to help slip away.

Mr. MILLER. Thank you very much for your statement.

As important as the statement was in the state of the Union, that those of us in Government must lead the way to these solutions, I think your statement this morning, if it is accurate for other charities and religious organizations that you are doing all you can, must be brought home to those of us in the Congress. There is, I believe, a general belief that somehow these services can still be expanded, that there are still more resources available in the religious and the charitable communities to handle the dire straits of the country.

Father KELLIGAR. One of the problems is that so many of us are going at the same time. If there were a phaseout situation, if there were a longer time gap, then there could be a movement in that direction.

The problem is simply too large. The private sector isn't responding adequately. They are doing well in some areas, but there is no way that it can be met with just voluntary sector help alone. It is larger than that.

Mr. MILLER. Prior to the cuts in CETA and VISTA and ACTION programs were your agencies using any of those individuals?

Father KELLIGAR. Yes. We developed about 3 years ago in the city of Omaha a shelter for abused women. We were able to get that only with CETA help. That was a good example of starting a program and providing people that went on from us. Two people started there, came to the mainstream programs of the agency and eventually moved onto the education system one, as a counselor. That program would not have begun without CETA.

It has survived because I have gone to the Division of Alcohol and Drug Abuse and obtained a contract there. That is State money. The shelter has two sources of State money, a bill dealing with domestic abuse, the other is the alcoholism funding. In addition to that we have United Way support and public support. We have tried in the agency to build four different major sources of support so that if one begins to sag a little we don't go out of existence. That program is a good illustration of that.

Mr. MILLER. The fact is that reduction of CETA job slots affected the charitable nonprofit organizations?

Father KELLIGAR. Of course, adversely, and not only prevented us from developing new programs, but it prevented us from developing people who needed those jobs.

Mr. MILLER. Mr. Owens?

Mr. OWENS. Could you elaborate on the statement you made about the private sector? Have the spokesmen stated that they have done all they can do? Are they just not doing any more and not saying much about it? It is important to know their position since the President assumes they are going to take up the slack.

Father KELLIGAR. The example of a United Way fund drive—we have limited goals. We don't try to increase that too dramatically. Our goal in the last campaign was a 9-percent increase and we just barely achieved that. That is the first year that we were that close to goal. Usually we go over by a greater majority. That is heavily supported by corporations and businesses.

A lot of that is structured from 2 weeks' payroll deductions.

Mr. OWENS. The goal was not increased after the budget cuts to take up the slack?

Father KELLIGAR. No. There was about—by United Way, $50,000 was set aside for the disappearing funds, and that was utilized, but that is not a very large sum of money. That wasn't nearly what disappeared from the programs. Our agency was not affected by the loss of Federal funds directly. Our contracts were State contracts.

However, there had been a Federal grant which was part of the whole block grant that came down that expired, but we managed to enact State legislation increasing alcohol taxes. I appeared before the legislature appropriations committee two times in the last 2 years and both times I went to them asking them to increase alcohol taxes.

The reality is as the Federal money begins to dry up at the State level, and this is why I say the programs are cut into the bone, what happens at the State level is that the States, some of them have increased taxes. Ours has not yet. We are faced with that necessity, but ours refused to do that last year. People employed in the department of public welfare and public institutions are laid off, they find jobs elsewhere and are not replaced so that there is a shrinking of staffs and services provided and pretty soon that begins to hit the services provided to people and it always hits the children first.

Mr. OWENS. Is there is an ongoing systemmatic relationship with the private sector. Are the spokesmen for the private sector stating that they have done as much as they can do and they are not going to do more or do they have plans to do more?

Father **Kelligar**. They have not developed plans to do more. They haven't said you are getting as much as you are going to get. Nobody will make that statement: only for public relations reasons. They have done as much as they can reasonably be expected to do at the present time. They are hit by recession, too.

When the United Way funds were allocated in the last cycle, some people felt when they were awarding a 7-percent increase to an agency they didn't like to do that because they were working with firms where people had been laid off. They hated to see an increase in our funding because they knew people in their companies that had been laid off.

Mr. **Owens**. That may result in decreases?

Father **Kelligar**. It depends on the committee. If we see a turnaround and more jobs, people back to work; that money will increase. When there is less money in the profits of corporations, then of course there is less money in the charitable donations of corporations.

Mr. **Owens**. Thank you.

Mr. **Miller**. Thank you very much for your testimony and for bearing with us.

Father **Kelligar**. May I have permission to submit this later? It is in note form and I will get it to your staff.

Mr. **Miller**. You certainly may.

The committee stands adjourned.

[Whereupon, at 12:45 p.m., the subcommittee was adjourned.]

[Material submitted for inclusion in the record follows:]

[From the Washington Post]

Area Counselors Kept Busy Soothing Recession's Turmoil

Fifth of a series

By Margaret Engel
Washington Post Staff Writer

On a Thursday night the 22 cubicles at Family Service of Montgomery County in Gaithersburg are filled with the troubled, the anxious and the depressed.

These are busy times for the county's oldest social service agency. Night hours have been added, moonlighting psychologists have been hired to handle the load and there is a five-week waiting list, the first in the center's 75-year history. Most evenings there are so many people that snatches of troubled conversations in one room can be heard in the next.

"Frankly, three years ago we didn't have enough work," said Charles Brambilla, the clinic director.

LOSING IT
THE PSYCHIC COSTS

"Now it's a constant barrage of people unaccustomed to doing without, many who have lost jobs for the first time. We're seeing more violence in the family: physical abuse, sexual abuse."

In the year ending last June, the center handled 3,924 visits—700 more than the previous 12 months. Anxiety about money, about unemployment or about an uncertain financial future were underlying causes of many of those visits, according to family service staff members, who received special instruction last fall from an official of the First Women's Bank of Maryland on how to counsel recession-battered clients.

The crowded Gaithersburg clinic is an indication of one of the least obvious but potentially most damaging effects of the recession: the severe psychological toll on those without work or under financial pressure.

Throughout the Washington area, help hotlines are experiencing significant increases in calls, shelters for battered women are seeing more first-time victims and the instances of child abuse, suicide and alcoholism have grown. According to interviews with social workers, ministers, psychiatrists, nurses and clinic directors, the recession is a major cause.

"This is not the way it was in the '70s when Washington was pretty much spared and it was observing what was happening across the country," said Dr. Louis Kopolow, a psychiatrist who practices in Potomac and Gaithersburg. "People are seeing a number of their clients and associates going under. We've had an earthquake here."

While the recession's role in increasing mental health problems is hard to quantify, some barometers do exist. Social scientists point to increases in the following categories as evidence of a growing feeling of instability and anxiety among many residents of the Washington area:

- The number of suicides. In the District, there were 90 last year, 29 more than in 1981. In Baltimore, 90 persons usually commit suicide in a year, according to John Switzer, a city biostatistician. In the year ending in September, there were 101 suicides.

Although neither city keeps records on

whether a victim was working, officials in both cities say many of the suicide victims were jobless.

- Reported incidents of child abuse and neglect. In Northern Virginia, there were 962 more abuse reports, or 6,653 incidents, in the year ending in June, while there was a 10 percent increase statewide. "Our cases have become much more desperate," said Brenda Watson, a child protective service worker in Fairfax County. "The threat of a loss of a job is increasing the intensity of the violence," she said, noting that an average of 38 children were removed from homes each month since November, triple that of a year ago.

In Maryland, the most tragic increase was measured in burials: 23 children died of abuse last year, more than a 100 percent increase from 1981. Neglect complaints also rose in the District last year, with 2,809 complaints, almost 1,000 more than a year earlier.

- The demand for alcoholism and drug abuse counseling and treatment. The county clinic in Arlington, for example, saw 1,127 new clients, 22 percent more, in the year ending in June and the trend is continuing, according to director Phyllis Kohlman. "There's a much larger percentage of clients who are unemployed. We're seeing it as those paying no fees have jumped to 40 percent from 25 percent in the last year and a half."

Even in areas with low unemployment, such as Prince William County, public alcoholism clinics are overloaded. "The people who use public clinics, a lot of construction workers, painters, are the ones hit," said Philip Haber, director of the county program, which has experienced a 20 percent increase in the last year, to 625 patients.

For the first time, nonemergency cases are put on a one-month waiting list and some people who still have insurance are being referred to private treatment centers. "I'm always hearing suicide now in counseling sessions; suicide is new to us," Haber said.

- Case loads at mental health clinics. The five mental health clinics run by the Prince George's Health Department, for example, saw an average of 35,000 patients last year, 2,000 more than previous years. Counselors say that anxiety about work, particularly from those who have skidded to a lower job, is foremost.

"Our waiting list has grown to 26, the highest ever," said Eric Kafka, director of the Cheverly clinic. Patients who had been making progress have suffered setbacks when they have been unable to find work, Kafka said. "The economy has put therapy at a standstill."

Dealing with the often devastating psychological impact of joblessness presents mental health experts with some formidable challenges. A major goal, according to Kopolow, is rebuilding a person's sense of self-worth.

"People need to know that we can still respect you, regard you highly, laugh at your jokes," he said. "It's the people who can't realize they're worth more than their jobs who are lost."

Tomorrow: Difficult choices

PRE-LAYOFF INTERVENTION: A RESPONSE TO UNEMPLOYMENT

by Judson Stone and Charles Kieffer

with the assistance of:

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a prevention services project of

the community mental health centers in Wayne County

Detroit East
Detroit Central City
New Center

Northeast Guidance Center
Operation Hope
Southwest Detroit

Six Area Coalition

the Detroit-Wayne County Mental Health Services Board

and the

Prevention and Demonstration Projects Unit

Michigan Department of Mental Health

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SECTION I

INTRODUCTION

A. Brief History of the Project

In the fall of 1979, demand for American-made automobiles produced in the Detroit area began a serious decline. This decline coincided with a general downturn throughout the American economy. While the national recession bottomed out, the market for the American automotive industry continued its downward trend. In consequence, numerous industrial facilities were closed, and large-scale layoffs were initiated. These affected not only auto workers, but thousands of workers in related industries throughout Michigan as well. While there have been seven recessions since World War II, this recession is different than the earlier ones because white collar and skilled trades workers have been laid off in larger numbers than ever before.

By the fall of 1980, it was becoming painfully clear that the state would continue to bear the brunt of an economic depression far more serious than anywhere else in the nation. Over 300,000 individuals in the Detroit Metropolitan Region alone--or about 15 percent of the work force--had become casualties of plant shutdowns or permanent layoffs. In many instances entire factories, with many years of history behind them, were forced to close altogether. On a per capita basis, non-whites were laid off at a rate more than double that of white workers. That ratio was doubled again for youth and adults under 25.

Not surprisingly, mental health agencies in the Detroit area began to experience dramatically increased demand for services from unemployed individuals and families. These demands encompassed matters far broader than single mental health centers--or any other individual human service organizations--could efficiently confront. Needs for basic resources (e.g., food, shelter, money), problems of domestic violence, increasing substance abuse, questions of job referral, confusion as to benefits and entitlements, and pervasive depression were among the concerns brought before relatively unprepared helping agencies. Further complicating this matter, all this was occurring at a time in which cutbacks in public funding were reducing ability to provide related services. In struggling to develop effective service networks and programs to address these expanding needs, several mental health centers in the Wayne County area agreed to pool their knowledge and expertise in a collaborative effort.

At the same time, State and Federal mental health officials were becoming increasingly concerned. Both this difficulty in local services delivery and a growing scientific literature have supported the direct association between unemployment and physical and emotional health. As such, this linkage of economic vitality and status of public health has inescapably crucial social policy implications. The economic and social disruption experienced in Detroit, unfortunately, might be seen as the forerunner of many similar future occurrences. In their concern for the entire range of unemployment-related services needs, representatives of the Region V Office of the Department of Health and Human Services were particularly interested in *how local mental health centers (and other human services providers) could and should respond to plant closings and work force reductions in their own communities*. More specifically, the Region was invested in exploring preventive effects of pre-layoff programming linking resources of labor, management and local human services providers.

In response to this interest and their immediate need, the consortium of mental health centers mentioned above submitted a related proposal to the Region V Office. With the support of the Michigan State Department of Mental Health, who later assisted in funding this project, this consortium was awarded a small grant through the Six Area Coalition Community Mental Health Center to develop a working manual for implementing pre-layoff programs in situations of plant shutdown or mass job displacement. While reflecting a "mental health" orientation, the manual is intended as a resource for broad adaptation and utilization.

Participating in the consortium funded were representatives of the Detroit East CMHC, Central City CMHC, New Center CMHC, Northeast Guidance CMHC, Operation Hope CMHC, Southwest CMHC, Detroit-Wayne County CMH Board and the Michigan Department of Mental Health. Officials from the United Auto Workers Department of Community Services have also contributed generously of their time and talents in helping sensitize the providers to the special needs of workers and the problems of implementation. The Six Area Coalition CMHC has served as a formal grantee and has provided ongoing project direction and coordination.

B. Goals and Assumptions

This manual is intended to assist in developing and delivering programs which allay or prevent the deleterious human consequences of plant shutdown and large scale layoffs. Although pre-layoff prevention services are only part of a necessary continuum of unemployment related services, the manual will focus in on the period immediately preceding and succeeding job dislocation. As such, it will concentrate on delivery of programs which: (a) promote more effective utilization of existing community resources, (b) promote the development of practical strategies for coping with emotional and economic stress, and (c) promote re-employment by facilitating referral and development of job-finding skills. It sees as its targeted audience all categories of laid-off or unemployed workers--skilled and unskilled, blue collar and professional. Because we can say that intensity of need is heightened in particular sub-populations, special attention should be paid to the needs and concerns of workers over fifty, young heads of household, minorities, women and the previously unemployed.

The manual has been designed for use both by mental health professionals *and* other human services workers. While intended for general readership it presumes an already existing fluency in community resources networking, program development and preventive mental health. It also assumes some familiarity in providing services to working populations--whether through employee assistance programs or other service delivery mechanisms. Consequently, it will *not* explicitly discuss relevant strategies of community organization, principles of prevention or techniques for developing rapport with workers and management in industrial settings.

The manual presumes that every community and every industrial setting is, in some significant manner, different. Local history, economics, values, and resources will impact on the character of problems and promise for solutions in each specific locale. Material has consequently been organized to allow the reader to focus selectively on segments relevant to particular situational needs. Diversity and flexibility are guiding principles throughout.

The manual also anticipates that strain and denial throughout the populations and institutions involved will complicate implementation. Information and approaches shared have all been developed with these emotional obstructions in mind. In this concern, programs proposed all reflect an especial commitment to sensitivity to the workers' perspective, and to significant worker participation in delivery as well as design.

Conceptually, problems pursuant to mass layoffs are viewed in the broadest of social, political and economic terms. Related preventive programming is conceived in similarly broad perspective. Table 1 delineates a continuum of levels and timing of preventive interventions. The limited scope of this project, however, restricts detailed discussion to those options dealing with pre-layoff and transitional concerns. More complex and longer-range alternatives, e.g., community resource development, worker retraining, cultivation of new employment opportunities, and economic advocacy--must be respected as valid and viable elements of a human services based prevention strategy. Moreover, cost effectiveness--in the long run--requires closer attention to more fundamental sources of social, emotional and economic stress. Only the practical constraints of producing this manual are responsible for the emphases it selects.

TABLE 1

POSSIBLE ORDERING OF EVENTS IN PLANNING FOR PLANT CLOSING & PERMANENT LAYOFFS

2 Years Prior to Layoff	1 Year Prior to Layoff	6 Months Prior to Layoff	Post Layoff
.Community Needs Assessment . Early Warning System in Place .Collective Bargaining Agreements . Advocacy for Economic Development			
	.Worker Retraining .Option for Worker Control of Plant .Community Services Network .Pre-Layoff Program Marketing		
		.Plant/Labor/Provider/Worker Steering Committee .Job Skill Assessment .Job-Seeking Skills and Activities .Information & Resource Convening .Coping Skills Workshops .Worker Relocation/Early Retirement .Information & Resource Guide	
			.Peer Support Group .Hotline/Clearinghouse .Irregular Economy Activites

Point of Layoff

Note: With appropriate advance planning, nearly every activity could be developed and begun before layoff actually occurs.

C. Structure and Use of the Manual

This manual is designed for general use and broad application. As such, it is constructed to allow for selective attention to specific needs and interests. It is specifically arranged to be responsive to setting-specific demands, and it is structured to provide a cognitive road map for program implementation.

Section II of the manual will focus on theoretical background immediately relevant to program design. It examines the documented physical and emotional consequences of job displacement, the "life-cycle" of related stress, and the particular vulnerability of varying sub-populations.

Section III will explore the issues involved in assessing the total environment prior to program implementation. It offers a comprehensive strategy for "quick and dirty," and cost effective, analysis which will contribute immeasurably to program planning and design.

Sections IV and V are the "heart" of this publication. Section IV explores central planning considerations for pre-layoff interventions. Section V will present, in significant detail, descriptions of specific program components for immediate adaptation or application. Each component descriptor incorporates summaries of program objectives, suggestions and strategies for adaptation, prescriptions for avoidance of possible pitfalls and examples of related materials or guides. The Table of

Contents lists each specific component. Readers can look for approaches which seem most appropriate to their situations, and turn immediately to those segments for reference.

Section VI, the Appendices, will include a wealth of supplemental information, specifically expanding upon the components discussed in Section V. Relevant readings, sample formats or guidelines, and miscellaneous resource materials are all incorporated in this final section.

The creative reader will appreciate this guide as a blueprint for flexible adaptation. While written from the vantage point of mental health services providers, it is shared as a tool for all with investments in more efficacious human services provision. While offering concrete aid to those considering pre-layoff program creation, it is offered, as well, as conceptual provocation for local alteration.

SECTION II

THE EXPERIENCE OF UNEMPLOYMENT

Harvey Brenner (1973), in *Mental Illness and The Economy*,[1] posits a direct association between macroeconomic decline and aggregate social pathology. According to his increasingly familiar hypothesis, for every one percent increase in the national unemployment rate, the following additional associated events will occur in a given three-year period:

38,887	deaths
20,240	cardiovascular failures
495	death from alcoholism
920	suicides
648	homicides
4,227	admissions to mental hospitals
3,340	admissions to state prisons

* * * * *

Sidney Cobb and S.V. Kasl (1977),[2] in a longitudinal study of the effects of plant shutdown, reported higher blood pressure, higher uric acid levels, increased levels of chloresterol, increased incidence of peptic ulcers, higher incidence of arthritis, higher anxiety and increased personal anguish in their sample of laid off workers and their wives.

* * * * *

Mathew Dumont (1977),[3] in a review of the literature, reports clearly established relationships between unemployment and sexual dysfunction, divorce and desertion, domestic assault, alcoholism, child abuse and psychosomatic disorders.

* * * * *

Although research on the personal impacts of job loss continues to be relatively scarce, there is a clearly emerging consensus that unemployment is a markedly stressful experience--and that many individuals suffer physical or emotional disruption in association with that stress. Further corroborating this presumption, human services agencies--both locally and nationwide--report increased demand for services related to individual and familial emotional conflict as rates of unemployment rise.

In the context of general economic decline, related complications add to the severity of the problem. As growing numbers of workers become displaced, and an increasing number of businesses decline, a quickly saturated market for labor locks people into unemployment. At the same time, shrinking revenues force cutbacks in social services--just when such assistance is most required. Moreover, workers' natural networks of support fall victim to the same economic circumstance, and all are left to struggle with their conflicts on their own. This scenario is indicative of the need for planful and immediate amelioration.

Unfortunately, there continues to be a dearth of good data on the process and long-term effects of mass layoff and plant shutdown. Most research on shutdowns has been limited to case study format, and examination of impact on their victims has been limited to documenting short-term effects (see Ferman and Gordus, 1979).[4] There has been no longitudinal exploration of consequences for individuals, their families, their relations or community systems; hence, anecdotal data and experience become the only reliable foundation of knowledge. This shortcoming may be consequential at the level of policy and program administration, but it need not adversely affect the creation and delivery of needed assistance.

The relationship between need for data and effective program planning is evidenced in an apparent dilemma, in that immediate demand for services in the Detroit area has not risen in direct proportion to skyrocketing layoff rates. Several reasons have been offered for this occurrence. These include: (a) workers, especially skilled and unskilled, have learned to expect layoffs, and thus assume unemployment as a fact of life; (b) workers and their families persist in maintaining beliefs that re-employment is just around the corner--even when it isn't; (c) manifestations of emotional problems are seen as temporary conflicts that will fade away with re-employment; (d) workers and their families do not link problems they are experiencing with unemployment or view them as issues that a mental health center might assist with; and, (e) workers wait for problems to pile up, so that agencies may experience increase in demand only a year or two following layoffs. Regardless of the actual explanation, the discrepancy further establishes the need for more insight into the experience of unemployment. The paragraphs which follow summarize what can be said of the impact of unemployment on physical and emotional health. They also will draw out related implications for designing responsive and preventive interventions. We may not have much hard epidemiological data on these concerns, but we do know much about helping others learn to come to grips with related stress.

A. Who is Most Vulnerable?

While little research has been directly concerned with vulnerability to the stress of unemployment, years of experience in providing human services establishes needed insights. The following paragraphs briefly explore the intensity of effect, or degree of risk in particular sub-populations.

1. Older Workers

Job displacement for middle-aged and older workers is particularly difficult to confront. For these individuals, the loss of stability, loss of status and loss of secure retirement combine to generate intense emotional stress. In addition, older workers have more substantial obligations and fewer prospects for re-employment at equivalent pay. They are less able to relocate and less efficient to retrain. For many laborers, the physical ravages of former jobs render them unable to pass a physical examination for a prospective new employer. Early retirement may exist as an option for some, but this alternative is not often very desirable, and less frequently available for most. Generally, they are caught in the bind of being too old to work, but too young to retire.

2. Young Married Couples

Young married men and women with dependent children are often extremely vulnerable. These couples usually have little to fall back on and are forced to cope with stress for which they have no preparation. The strain which usually follows unemployment tends to undermine not yet solidified interpersonal bonds and fosters a renewal of dependency on parents--just at the point when independent marital bonds should be strengthened instead. Divorce and separation--and at times, domestic assault--are highly prevalent in this population group.

3. White Collar Workers

Usually layoff is thought of as a worker-class phenomenon; however, white collar workers have been affected to an increasingly visible degree. In this context, they may also be much more surprised by the experience and less emotionally prepared. Even at the upper levels, where the cushion of financial fall-back exists, the loss of financial flexibility can be seriously threatening. More and more of these families are experiencing problematic conflict and layoff-related strain.

4. Women and Other Minorities

Women and minorities are especially vulnerable to the stress and strain of layoff. Both groups tend to have less seniority, and consequently are the first workers let go. In addition, they experience prolonged pain as the last to be rehired. As women have struggled to become self-supporting single heads of household, the loss of employment undermines their efforts to maintain their new identity and self-reliance. The same dynamic holds true for most ethnic minorities, as well. The consequent tensions create greater risks for both these minority groups.

5. Underemployed

Vulnerable, too, are those mostly unskilled who work on and off as the economy and job availability permit.

Local evidence suggests that these workers experience considerable emotional and physical stress.

6. Survivors

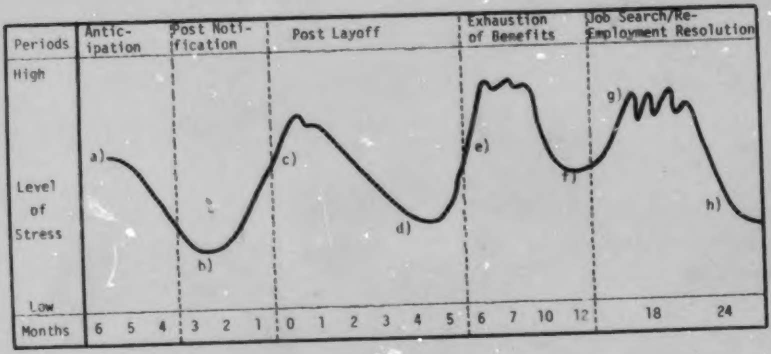
Those left working in devastated plants are vulnerable to stress and strain as well. The guilt which accompanies survival, and anxieties about being next in line, often lead to conflicts which are parallel to those of peers laid off. At the same time, the destruction of social networks on the job fosters stress of significant proportions.

B. The Impact of Job Loss: A "Life-Cycle" Perspective

One thing that is known about the consequences of layoff is that individuals tend to progress through predictable phases of emotional response (see Table 2). Generally, there exists some advance warning of layoff--if only in informal terms. Signals and rumors of impending plant closing always precede any formal announcement or notification of decision. This initial phase of anticipation is often characterized by greater stress than the layoff itself. During this period, the worker confronts continuous non-specific uncertainty regarding his/her job and future, which often produces marked levels of anxiety. For some, this anxiety provokes job search and constructive preparation. More frequently, however, all parties involved are paralyzed by collective apprehensions and

TABLE 2*

UNEMPLOYMENT AND CYCLES OF STRESS PATTERNS



* This is a representational model and is not based upon actual research findings.

a) First learn of impending layoff.

b) Hope it won't happen/denial.

c) Layoff occurs.

d) Subfunds, TRA, Employment Security Commission payments/denial.

e) Payments run out/frustration, anger, withdrawal, depression, violence.

f) Serious job searching.

g) Job search failure.

h) Realistic job search and find.

disbelief. At the same time, it is not unusual to see sickness and accident claims increase because workers anticipating layoff sometimes become careless and accident-prone.

Even with confirmation of layoff, and through most of the post-notification (pre-layoff) phase, worker and union response is generally characterized by denial. Fantasies of last minute salvation and elemental avoidance of pain combine to perpetuate the absence of personal acceptance of inevitable fate. It is not unusual during this period to find workers looking forward to layoff as time for vacations or fishing or fixing up the house. Seriously looking for work is avoided, as is preparing for the future. While this is theoretically seen as the most promising moment for preventive intervention, the reality of denial is so strong as to subvert most pre-layoff assistance attempts. Neither workers nor their leadership are accessible for significant planning or counseling efforts. While many outplacement, referral and counseling programs have been staged in this phase, those who participate largely are uninvolved and uninvested.

As the actual date of layoff approaches, individuals become a bit more realistically concerned, and planning takes on a slightly more serious tone. To the extent that this is true, the period immediately prior to and following the moment of layoff is of greater potential for unemployment counseling and assistance. Even still, it is important to note, the cushioning effect of unemployment insurance may prolong procrastination. Especially within the auto industry--where TRA and "sub-funds" can be added to general unemployment benefits--there are few incentives to serious pursuit of immediate re-employment, and fewer sources of immediately experienced stress.

While it may appear somewhat surprising, the event of layoff, itself, seems not to be terribly traumatic. However, as unemployment is extended through the post-layoff phase, sources of conflict and stress more gradually emerge. Vacant hours lead to boredom and boredom to guilt, which turned inward evolves as depression. The feelings of concern and resentment so long denied gradually generate hostility. As the economic events which precipitated layoff become further distant, workers begin more to wonder if they couldn't have acted to prevent their loss of work in the first place. They also begin to feel more anxious and angry about not having been more successful in obtaining re-employment. Often the personal feelings of anger will be verted upon those within easiest reach. Spouses, children, relatives, friends and neighbors become frequent recipients of unprovoked emotional blasts. As significant others are forced to assume new income-producing roles, familial equilibrium is disturbed, and interpersonal strains grow more aggravated.

The longer the period of unemployment continues, the more stressful the experienced reality becomes. Sufficient income is perhaps the most critical determinant of emotional adaptation. (Ferman and Gardner, 1979^5.) For white-collar and blue-collar workers alike, financial security promotes stability of life style, allows continuing contact with support groups in which finance is a condition of belonging and perpetuates the feeling of personal control. Loss of feelings of personal control makes life feel unpredictable; loss of crucial social supports engenders feelings of depression, self-doubt, low morale, and rage. Despite the reality that thousands of workers and peers may have been laid off, individuals experience unemployment as a highly personal and lonely phenomenon.

The period of most intense anxiety begins as benefits are exhausted. While personal and familial life is affected from the outset of unemployment, it is most significantly altered in this exhaustion of benefits phase. The loss of all dependable external income forces changes in wage-earner roles, transition in familial roles, interruption of childrens' education plans, and a confrontation of the workers' sense of identity and self-responsibility. Consequently, familial stress becomes heightened, self-blame becomes more exaggerated and problems in relationships become more intense.

As exhaustion of benefits occurs, the worker also is forced to confront the harsh realities of looking for work when there are very few jobs to be found. For individuals whose sense of identity is rooted in work and providing for one's own family, this shock can be difficult to cope

SII

with. Some choose to "skid" into positions with lower wages, reduced responsibility, poorer benefits and less emotional reward. Aiken, Ferman and Sheppard (1968)[6] have shown that the "skidding" experience increases emotional strain and lowers self-esteem. Others--particularly older and middle-age workers--feign physical ailments or try early retirement as a means of avoiding the stigma of viewing oneself as "unemployed." Still others drift into more permanent "unemployment careers." Ironically, research indicates that prolonged unemployment is less personally conflicting than repeated episodes or cycles of unemployment. (Ferman and Gardner, 1979[7].) This "career instability" disrupts financial viability, personal relations, personal sense of control, familial relations and individual self-esteem.

During the period of post-benefits exhaustion, workers most need assistance. Unfortunately, this also is the time when these workers invariably are hardest to reach--and their defenses are at their highest. That is, frequently workers want to project an image that they can take care of matters themselves and that they "don't need outside help." Given this commitment to pride and self-reliance, and the coincidence of cutbacks in agency outreach resources, their risk of strain is greatest in this phase.

It is also important to point out that, for a small number of workers, the job has provided the structure required to maintain their ego integration, and as such, long-term layoff may precipitate a psychotic episode. For others, new stresses may be enough to provoke a serious psychiatric incident. Identification of these individuals is not as difficult as it may seem since many are current or past agency clients and since union stewards are often skilled at uncovering especially high-risk clients.

Generally, then it is possible to identify an adaptable sequence of "eras" of personal experience of layoff or unemployment-related stress. To repeat, the worker moves from an "anticipation phase" to a "post-notification phase" to a "post-layoff phase" to an "exhaustion of benefits phase" to a "phase of re-employment or resolution." Throughout this progression, uncertainty, financial stress, deterioration of family relations, threats to self-worth, destruction of traditional supports and personal and familial instability contribute to experienced physical and emotional strain. (See Table 2.)

C. The Impact of Unemployment--Implications for Program Design

Generally, the effect of unemployment must be understood within the context of existing personal and economic conditions. The persons most at risk of adverse impact are those with heavy obligations, those without adequate social support and those experiencing repeated unemployment. Not only laid off workers, but their families, friends and networks are vulnerable to interdependent sources of stress. The interaction of depression, isolation, status conflicts, worries about futures, intensity of self-blame, and subversion of familial relations contributes to the process through which conflicts will emerge. Individual predispositions, other situational stressors and life-cycle development concerns further complicate the evolution of unemployment-related strain. Understanding the problems of unemployment through this ecologic perspective will contribute to design of more meaningful intervention.

There is no one source or consequence of stress having overwhelming general impact. Traditionally, people have defined themselves very much in relation to their jobs. As Rainwater (1974)[8] has described:

> Having a job provides validation. . . A job also provides (an opportunity) to be "someone." Even the most menial jobs provide a work group in which a man or woman can come to feel that he is known and positively regarded. . . . A job gives evidence day in and day out that one has something to offer in return for the resources he needs.

The loss of dignity which accompanies a layoff, the loss of social networks of support, the loss of breadwinner status, and the loss of social meaning all interact in generating increased personal stress. In better understanding how layoffs generate personal stress we can more effectively construct our interventions. Knowing, for example, how important social support can be in promoting positive coping, we can build in strategies which foster increased social support. It is equally important to recognize that some groups--e.g., the bar scene--can reinforce non-adaptive behavior. In these cases it will be important to find means of countering their influence. Thinking of the utility of informal helping networks, we can provide assistance required to make them more useful in promoting re-employment and personal or familial counseling. Among younger and unmarried persons, friendship networks are key. Older and more established families more often derive support from neighborhood and religious institutions. In much the same vein, knowing the central significance of the role of familial adjustment, we can organize our energies to help families remain more stable and mutually supportive.

It is also essential to understand cultural contexts much more clearly, to better attune planned intervention to particular social needs and cultural concerns. Much has been written of the world of work and various cultural investments in it; the reader is referred to that literature for further information.

More directly relevant to program design, every intervention must incorporate flexibility for the widely varying needs and demands of diverse unemployed populations. No one approach or strategy makes sense for all the varied personal contexts involved. As this manual presents interventions in the sections which will follow, this will serve as a critical orientation.

SECTION III

ASSESSING THE PROGRAM ENVIRONMENT

Based on the preceding discussion of the human impact of unemployment, the rationale for developing pre-layoff prevention is clear. In translating an initial interest in confronting the problems of layoff into viable intervention, the provider must first be sure to know what variables are likely to promote, or obstruct, the success of programs conceived. While the crisis orientation of many human services providers--and the short-term notice characteristic of layoffs--mitigate against assessment, programs that work will be grounded in prior understanding of the program environment.

PRINCIPLE:

Environmental assessment is the first step in successful intervention.

A range of environmental issues will impact on the quality of programs designed. Political, economic, cultural, and pragmatic concerns all influence the potential outcomes of preventive intervention. As an agency embarks on this difficult project, it is crucial that it have a clear sense regarding its level of involvement and expectation. (Section C, later in this chapter, will expand on this concern.) From the very beginning, the provider will need to clarify its leadership role. In some communities, it may have to spearhead all programs conceived. In other communities the agency may be more effective as a consultant to or supporter of efforts led by labor, management, or other community groups or providers.

PRINCIPLE:

The agency's choice of leadership roles must be based on prior assessment.

The choice must be based on assessment of local need and logistic reality.

This initial assessment of "what's going on" and "who's doing what about it" need be neither long nor particularly demanding. It can be accomplished with several hours of focused effort and virtually no expenditure of funds. A few well-placed calls and a well-considered conversation or two can pull together much of the information initially required. Those who are used to calling upon informal communications networks and intersystemic relationships should have little difficulty with these tasks. With this rudimentary perspective established, further planning and assessment will be more efficient and productive.

PRINCIPLE:

Utilize informal networks as efficient and reliable sources for preliminary assessment.

This assessment is particularly crucial in staying attuned to the possibility of layoff. Awareness of predictors or signals of impending shutdown will allow the provider much greater lead time to initiate necessary program planning. Julius Majcros[9] has offered a listing of eight management actions which have predictive value in this regard (below). If any cluster of these occurrences becomes visible, the provider should immediately take note.

EARLY WARNING SIGNALS FOR PLANT SHUTDOWNS

- Changes in key personnel in the higher management echelons.
- Movement of young managers to company headquarters, and replacement with men near retirement.
- Patchwork or absent maintenance.
- Failure to replace lost maintenance personnel.
- Relaxation of discipline policies.
- Delay in announcement of a negotiating team for upcoming contract talks.
- Slow-down in negotiations process.
- Failure to deny increasing rumors of impending shutdown.

A. Assessing the Political and Economic Climate

Human services interventions are inescapably a part of a larger political and economic dynamic. They cannot be insulated--nor should they be isolated--from related issues of shifts of investments, (capital formation), labor costs, and profitability, or from budgetary cutbacks, bureaucratic shifts and political manipulation. The consequence of these issues is evident in the failure of programs aimed at job referral where there are no jobs, or in retraining efforts which fail to consider concrete prospects for re-employment. Shifts in public and political opinion which usually accompany economic decline may also have serious consequence for the viability of preventive community services endeavor. Similarly, it is important to know to what extent the workers themselves are bearing blame for sub-profitability. If labor is being scapegoated in this way, program planning will need to be altered accordingly.

PRINCIPLE:

Assessing the political and economic climate is essential to effective program planning.

Understanding the larger political and economic dynamics of plant closings and layoffs allows the provider to recognize constraints which impinge on programming options and their realistic potential for impact, even if the Center does not have the power-base to bring about the needed reforms. (See Section IV: B-4 for further discussion on these issues.) In view of the importance of these constraints, several crucial--but relatively simple--issues must be explored in considering initial program design and potential:

ECONOMIC AND POLITICAL ENVIRONMENT ISSUES

- Economic Reverberations

  To what extent will the plant closing(s) impact on the community's economic vitality? Will the loss of the plant undermine the viability of small businesses in the community as well? Is there potential for significant capital transfer away from the area?

- Long-Term Implications

  Why is the plant really shutting its doors, and what are the real possibilities of its ever reopening? Are the issues which led to this particular closing applicable to other local industries as well? What are the likely continuing impacts? Will the community's economic climate soon bounce back?

(Continued)

- Re-Employment Possibilities

  What are the prospects for re-employment in the community? Are new jobs now, or likely to be, created? To what extent is the area able to absorb its own displaced workers?

- Economic Alternatives

  Are there realistic opportunities for promotion of worker control or other alternative economic development strategies? Does the agency have the skill and capacity to facilitate or participate in promotion of these options?

- Socio-Economic Implications

  Will the change in economic realities alter emotional attitudes of the local population? Does "depression" become a descriptor for general personal feelings as well as the level of business vitality?

- Impact on Public Revenues and Services

  Does the economic reality which leads to plant closings imply a concomitant erosion of public revenues? Is that erosion of tax base sufficient to lead to retraction of funding for community services? Will staffing and auxiliary resources, therefore, be stable or in a state of decline?

(Continued)

Will providers need to plan on delivering services with significantly curtailed base of resources?

- Political Reverberations

  How meaningful are the political consequences of continuing economic decline? Is the political climate likely to be supportive of 'prevention', or will it attack it as expensive and not quite worthwhile? Does the agency need to translate its interests into the new or more current vocabulary of political exchange?

B. Assessing the Agency's Commitment

In light of these larger environmental constraints, the provider must examine the more immediate issues which impact on program design. First and foremost among these is determining the agency's own capacity for intervention.

PRINCIPLE:

The provider must initially assess its own capacities for constructive intervention.

Secondly, the agency must determine where it can be most effective in relation to roles played by management, labor, the community, and other human services networks. Among the central questions of assessment that the agency must seriously ask of itself are the following:

AGENCY SELF-ASSESSMENT ISSUES

- Is pre-layoff intervention consistent with the agency's history within the community?
  It may not be wise to take the lead in these programs if it is the agency's first foray into the territory. In such a case, the agency's efforts may be regarded with suspicion and distrust, and its potential for impact will consequently be subverted. It will be more effective in these situations to identify other organizations to work with as partners in intervention.

- Is pre-layoff intervention, in fact, within the scope of the agency's priorities and missions?
  Potential providers must avoid engagement in effort merely because it is timely and conceptually seductive. If the effort unduly extends the provider's mandated arena of authority, internal tension most likely will undermine resource commitments.

(Continued)

- Are there other agencies or programs better equipped or better positioned to coordinate these activities?

  Other organizations with established records in working with labor and management may have a more functional rapport and insight for spearheading these efforts. Although success will depend on mutual trust and understanding, the constraints and emotional confusions attendant with short-term pre-layoff notice may preclude opportunity for necessary and gradual relationship building.

- How is the agency generally perceived by local business and labor?

  Assessment of such perceptions may not, in the short-run, be very flattering. These already established perceptions, however, will determine the provider's capability to construct a meaningful programming package. Again, time demands require that the agency focus on already existing strengths and constraints. In addition, entry too late on the scene may promote a counter-productive mistaking of human services workers as "unemployment undertakers."

(Continued)

- Is the agency's investment in assisting the affected population, or is it in merely appearing to do so?

  Recognition of limitations in the agency's capacity to respond may indicate the need to accept a less central role, or to assume a role of facilitation.

- Does the agency have the capability to undertake not only the pre-layoff program, but also the follow-through inevitably required as referrals are generated and demands for service increase?

  If sufficient resources do not exist, the consequent frustration of client requests for assistance may ultimately add to their stress. Moreover, the agency's failure to fulfill implied commitments to the community can result in long-term alienation and distrust among its supporters, and networks of peers. While interventions do not of themselves require large outlays of categorical funds, they *do* demand the martialing of resources necessary for long-term involvement. It is still important, however, for agency leadership to be able to forecast how continuing economic downturn and

(Continued)

potential erosion of the tax base will effect its service capability.

- Are the agency's own workers appropriately sensitized to the needs and styles of projected laid off populations? Will significant retraining or staff development be required? Successful programming demands that service providers "speak the same language" and respect the cultural norms of the individuals they are assisting. They must be generally familiar, as well, with values and conflicts associated with the world of work.

C. Assessment of the Program Setting

Having determined both its readiness and its ability to collaborate in pre-layoff programming, the agency will need a more thorough assessment of the setting in which it proposes to intervene. Because so many factors are beyond the provider's control, the agency will want to be as aware as possible of existing environmental constraints

PRINCIPLE:

Review and evaluate the resources of proposed program settings prior to program design.

and resources. More specifically, the service provider (or Planning Committee) will want information regarding:

1) Workplace
2) Workforce
3) Union/Labor Representation
4) Management
5) In-Plant Resources and Labor-Management Relations
6) Relevant Community Resources

Both the character of these elements and the relationship among them will determine the boundaries of potential for intervention. The central dimensions of each of these issues are outlined below:

PROGRAM SETTING ISSUES

I. The Workplace
    A. History in the Community
    B. Economic Influence and Control

II. The Workforce
    A. Pre-layoff Workforce Information
    B. Demographic Information on Laid-Off Personnel
    C. Working Skills of Laid-Off Personnel
    D. Residential Dispersion of Laid-Off Personnel
    E. Characteristics of Worker Culture

(Continued)

III. Union/Labor Representation
  - A. Labor History in the Setting
  - B. Union Structure
  - C. Quality of Worker-Union Relations

IV. Management
  - A. Management Structure
  - B. Management Power
  - C. Investment in Layoff Planning

V. In-Plant Resources and Labor-Management Relations
  - A. Contractual Commitments Regarding Benefits and Human Concerns
  - B. Contractual Commitments Regarding Layoff Practices and Procedures
  - C. Available In-Plant Resources (e.g., Employee Assistance Programs, Education Programs, Facilities and Meeting Rooms, Mutual Support Networks, etc.)

VI. Relevant Community Resources
  - A. History of Plant-Community Relations
  - B. Existing Plant-Community Service Links
  - C. Existing Community Networks or Programs Relevant to Unemployment

The most critical issues within each of these categories are enumerated in the outline in Appendix A, which provides an adaptable guide for assessment incorporating these concerns. Answering all of these questions allows the provider to establish specifically what resources and historical forces exist to help shape the interaction. Implications of different replies are considered in descriptions of strategic components examined in Section V.

SECTION IV

INTERVENTION STRATEGIES: PLANNING CONSIDERATIONS

A. Clarifying Commitment

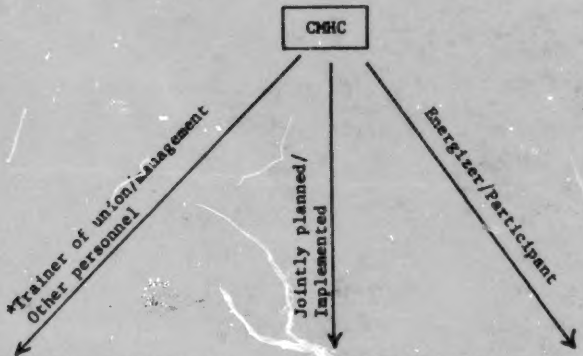
Following the period of initial assessment--whether that be several hours, days or weeks--the agency must articulate, for itself, a clear, concise and carefully considered concept of pre-layoff intervention. This concept must include the agency's understanding of its own role in relation to the role played by labor, management, the community and the community network of services. (See Table 3.) For the Center's own role, it must consider given resources and economic realities. While the agency must decide on its priorities and potential for dealing with the demands of pre-layoff programming, such clarity does not imply rigidity.

PRINCIPLE:

The provider will need to clarify--both for itself and for others--its concept of pre-layoff intervention.

TABLE 3

POSSIBLE ROLES FOR CMHCs in PRE-LAYOFF INTERVENTION


CMHC
*Trainer of union/management
Other personnel
Jointly planned/
Implemented
Energizer/Participant

- Information and Resources Guides
- Information and Resource Meetings
- Coping Skills Workshops
- Early Retirement Workshops
- Training and Staff Development

- Hotlines/Clearinghouse
- Peer Support Groups
- Job-Find Clubs
- Worker-Based Advisory or Steering Committees

- Service Network
- Job Information and Referral
- Job Skill Assessment
- Job-Seeking Skills
- Worker Retraining
- Worker Relocation
- Collective Bargaining Agreements
- Worker Control
- Irregular Economy Projects
- Economic Development

*Some or all of these activities could be done directly by the CMHC but it is preferable that those closest to the layoff, e.g., workers, act as peer trainers.

The agency will, in most instances, have to negotiate its program both with prospective collaborators and intended consumers. Through such negotiations, creative refinement of ideas and approaches must be allowed opportunity to evolve. Only with an open frame of mind can truly efficient and workable strategies develop. Prior clarification of the agency's interests and abilities insures that no commitments are made that cannot be viably fulfilled. Indirectly, it will also help persuade the consumer of the sincerity of the provider's concern.

B. Marketing Interventions

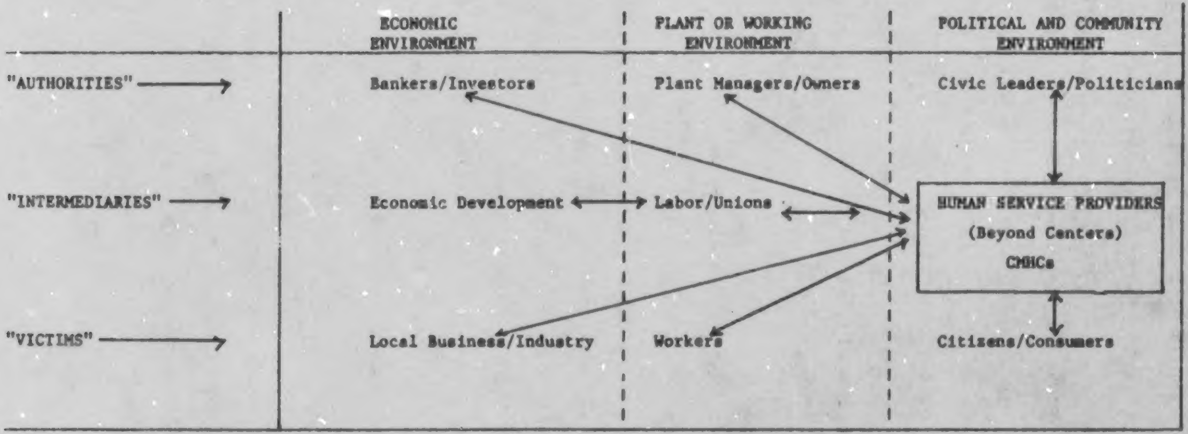
The notion of pre-layoff intervention should not be approached as a product with automatically existing demand. The provider will need to "market" or "sell" the concepts it hopes to deliver. Marketing must look to the many existing constituencies in the environment, and must develop a "handle" responsive to each of their already experienced needs or concerns. Table 4 depicts the community of constituencies which must be addressed.

PRINCIPLE:

Providers will need to "sell" different groups on any program developed--no matter how well the program is designed.

TABLE 4

CONSUMERS AND COLLABORATORS IN PRE-LAYOFF INTERVENTION



	ECONOMIC ENVIRONMENT	PLANT OR WORKING ENVIRONMENT	POLITICAL AND COMMUNITY ENVIRONMENT
"AUTHORITIES" →	Bankers/Investors	Plant Managers/Owners	Civic Leaders/Politicians
"INTERMEDIARIES" →	Economic Development ↔	Labor/Unions ↔	HUMAN SERVICE PROVIDERS (Beyond Centers) CMHCs
"VICTIMS" →	Local Business/Industry	Workers	Citizens/Consumers

As this Table implies, the universe of participants is both extensive and complex. Failure to consider the particular concerns of each element of the program environment, however, will ultimately undermine program impact and effectiveness.

Although it may not be the first group that needs to be persuaded, the most important audience is the workers themselves. Hopes that the plant won't close, beliefs that another job can easily be found, or failure to conceptualize the problems that will be faced--combined with the individual's sense of pride that he/she can take care of the problem him/herself--lead to difficult marketing demands. It is essential that workers feel that they are part of a process in which they have some ownership and control. Interventions must be with them, and not simply to or for them. Accordingly, as soon as the two major groups--management and labor--are sold on pre-layoff intervention, it is imperative that worker representatives be included in the formation of a Planning Committee. This committee will insure respect for the problems of all those affected by layoff and will generally promote more trusting participation. As much as is possible, all planning and program development tasks should be funneled through this collaborative body.

This committee also will help to reduce potential for misunderstanding. Coordination of intervention by a "mental health center" may imply to the workers an identification of the experience of unemployment with "mental illness." Such a message can be extremely counter-productive--both for individuals and the program as a whole. Collaborative development through a committee of peers will both reduce the stigma of mis-association and increase the program's emotional viability.

PRINCIPLE:

Developing a Planning Committee of participants that includes peers helps increase the intervention's "sale-ability."

The two groups which must first be sold on these programs are the two agents immediately responsible for the worker's plight--management and labor. The agency's self-assessment (as described in Section III) will indicate how active and creative a marketing campaign will be needed in these areas. For management, the bottom line is always profit and productivity. As such, rationale for pre-layoff programs must always be tied back to these central concerns. To this end, the provider may need to establish the relationship between positive image and company profit. A company which consistently demonstrates concern for its community will have a more positive public image and is likely to do much better business wherever its products are sold. If the company must play the role of "villain" in closing down local operations, it can recoup its public relations loss by helping to cushion the blow. Many industries claim to provide such assistance by importing professional "outplacement consultants." Rarely do these show much concrete success. If confronted by such claims, the agency must explain that the backlash from failure will increase the company's negative image. Again, it must be established that the greatest profit is grounded in successfully helping laid-off employees.

The earlier is formal notification of layoff, the more successful pre-layoff interventions are likely to be. Companies often complain that offering early notification will reduce worker productivity during the ensuing "lame duck" period. They may point to predictions of increased worker apathy, increased use of earned leave time and potential for worker slow-down as reason to wait before publicizing company plans. While such concerns have some historic validity, they are by no means foregone conclusions. To the contrary, in many instances, early discussion of possible job loss has served as incentive for workers to increase productivity, and--in their own minds--to forestall the need for layoffs. In the case of the Chrysler Corporation, for example, workers were willing to revise standing labor contracts to preserve their continued employment.

In a parallel fashion, Ford employees discussed a plan to loan Ford dealerships their own cost-of-living monies for low interest loans to new car buyers.

The costs of unemployment compensation also are relevant as fiscal incentive for early notification. The more workers are re-employed prior to layoff, the less is the cost to the company through its mandated unemployment contribution. In this sense, it is practical for management to encourage use of accrued time to insure that its workers have sufficient opportunity to locate new work. It may even be fiscally advantageous to pay for release time--or add on extra days--to facilitate worker re-employment. Moreover, the impact of lengthening lead-time in minimizing personal and communal disruption helps further the plant's public image, and may well offset more measurable monetary loss. Similarly, development of early retirement plans can also be promoted as generating monetary savings and community goodwill. As older workers are able to opt for an early retirement alternative, the burden of company payout can be shifted to social security and union pension plans. The more the human services provider can offer such fiscal rationale, the greater is the likelihood of management cooperation.

PRINCIPLE:

The primary incentive for management cooperation in any pre-layoff program is increasing profitability.

In the same vein, the provider may be able to offer a range of management skills to companies in fiscal trouble. If the agency is appropriately positioned to do so early enough in the situation, it may work as a consultant to management in reducing production costs--and thereby even delay or allay plant shutdown altogether. Particularly when the provider has skills in administrative consultation, the potential for such intervention should not be overlooked. At the least, the agency may be able to buy a bit more pre-layoff time. Even centers who have little to offer more sophisticated corporate plants may be able to assist in smaller local and wholly owned corporations.

Where management persists in its reticence or disinterest in pre-layoff planning, the involvement of community leadership may help stimulate more active concern. The interdependence of corporate leadership and elected officials may serve as a provocative and productive alliance. Politicians relate to the connection between unemployment and voter concern; this link may be utilized to motivate their calling on industry to act more responsively to worker/constituent needs. Local merchants

PRINCIPLE:

Utilize networks of community influence, and involve local community leaders, in promoting acceptance of programs.

and civic officials will also have a clear stake in maintaining levels of local employment and reducing the losses implied in any large-scale local layoff. Merchant associations, chambers of commerce, city councils and others should also be recruited to assist in minimizing the impact of factory shutdowns. Again, a well-done assessment will assist in this early phase of program implementation. The more attuned the provider is to the relevant networks of community influence, the more effective selling of pre-layoff programs can be done.

Even if the preceding all fail as marketing aids, the agency can fall back on humanitarian concern as incentive. Available research clearly establishes the painfulness--in human terms--of layoff and unemployment. (See discussion in Section II.) The effects on individuals and families are quite dramatic. Use of these images of human tragedy and suffering should not be misconstrued as manipulation. It is, quite simply, a presentation of fact from which many decision makers are shielded. Who better than human services providers can dramatize the human consequence of layoff and unemployment?

"Selling" labor on participation is somewhat easier, but poses difficulties nonetheless. Although union representatives are formally concerned with protecting workers' collective interests, they often are somewhat suspicious of "do-gooder social work types." Resentment of human services especially results when they are viewed as coming in to "ease" workers out of jobs. Particularly when prior collaboration has been sparse, distrust of the agency's motivations can be expected. It must also be remembered that the labor representatives are at risk themselves, and may not want to join in any program making management more comfortable with layoffs. From a more political perspective, they may also see such acts as undermining their members' support.

PRINCIPLE:

Labor's participation must not be misconstrued as a foregone conclusion. The provider must cultivate labor's support through clear articulation of incentive and rationale.

In light of these constraints, the provider must offer, for labor's approval, a constructive and believable rationale. One worthwhile incentive is collaboration in efforts which might postpone or avert shutdowns or layoffs.

Union representatives will certainly appreciate the alliance of networks of external influence in this direction. Unfortunately, few situations are sufficiently flexible for such possible alteration. In situations where layoffs are irreversible, the union still benefits by aiding members with a range of transitional services. Assisting workers through unemployment counseling may seem second-best, but can, in the long run, strengthen the union's power. Workers who believe that their union did what it could in their behalf are likely to be more supportive of the union in the future. Given that labor has a clear interest in long-range cultivation of support, this is a viable motivation. In this sense, it should not be surprising if the union wants to co-sponsor a pre-layoff intervention project. It will be useful to allow for the union to assume as much leadership and responsibility as feasible.

PRINCIPLE:

Utilize and promote the leadership of labor as much as the union will accept such a role.

Because of the union's probable desire for co-sponsorship, the provider may want to build more on a concept of "training of trainers." That is, the provider can train union stewards or committeemen, and other representatives, who in turn would provide direct counseling and support to the plant worker. Such a plan increases feasibility of expansion of the scope of programs proposed. More important, perhaps, it initiates a peer counseling system which is inherently less stigmatizing than if operated directly by center staff.

As a rule of thumb, successful marketing of proposals is dependent on striking the resonant chords of related concrete self-interests. The agency must learn to speak to the low-cost and long-term investments of all who it seeks to engage as partners in pre-layoff prevention.

C. Developing a Community Services Network

In marketing and developing the pre-layoff prevention concept, networks of community services must not be ignored. At an earlier time in the Detroit area, a number of agencies, without consulting each other, conceived of a notion of Crisis Intervention Centers to help the unemployed. While the intent was laudable, no one had thought to determine if that was what workers needed most--or at all. Had these services all become operative, there would have been considerable duplication and no guarantee of success. The first steps in program development should always be an assessment of existing resources and experienced needs. Options for such assessment include:

- Phone Surveys
- Hotline Phone-Ins
- Town Meetings
- Nominal Group Process
- Union-Based and Sponsored Community Meetings
- Agency-Based and Sponsored Community Forums

PRINCIPLE:

The first step in program development is designing an effective strategy for assessing local resources and needs.

The most promising approach to this problem is adaptation of the notion of a local "community forum." Bringing together a broad spectrum of community leaders and services providers, this strategy, if organized effectively:

- Generates broad-based input in defining the local unemployment problem.
- Focuses attention on the array of complex needs of the unemployed.
- Establishes mechanisms for community-wide communication and collaboration.
- Increases level of community-wide awareness and concern.

- Mobilizes support for ameliorative programming.
- Initiates focused prioritization and problem solving.
- Generates network building responsive to identified client needs.

Because the problems of laid-off workers invariably cut across the normal boundaries of human services delivery, a broad base of community support must be mobilized. The community forum is most likely to cultivate the kind of "community task force" required to respond to workers' identified concerns. (Appendix I describes the community forum concept in greater detail. References describe a model for community task force process.) It is for this reason that the strategy is more constructive as an approach to assessment in local settings. Through this approach the foundation and relationships of a viable network of services are established. Inter-agency collaboration will be required in responding efficaciously to laid-off workers' needs.

PRINCIPLE:

Utilizing the strategy of a "community forum" helps clarify needs, document resources, mobilize concern, and organize working networks of community response.

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Specific information on organization and implementation of valid and meaningful needs assessment is available in many other sources. Generally speaking, however, the concerns enumerated below are most crucial in developing more effective assessment regarding the problems of unemployment and layoff.

ISSUES IN EFFECTIVE ASSESSMENT

- Different approaches to assessment are required to reach client populations, human service providers, community influentials and relevant policy makers.
- The most effective assessment process allows each of these groups equal contribution and creates opportunities for interaction among them.
- Unemployment is not--and should not be treated as if it were--a disease. Assessment should not be restricted to measuring incidence of the "affliction"; rather, it should focus on more clearly articulating related conflicts, gaps in services, and potential for programmatic solutions.
- Much critical information is most difficult to access. Those most in need often are those who are hardest to reach. As such, assessment efforts must be creative, and need not shy away from non-traditional approaches.

(Continued)

- Agencies and policy makers both must allow themselves to view problems of unemployment as issues of human concern, and not merely as statistical phenomena.
- The most important outcome of any needs assessment strategy is initiation of community problem solving. Opportunities for dissemination and application must be seen as central in the assessment design.
- The process of assessment must be linked directly to the dynamics of mobilizing networks of community response.

Prior to, during, and following assessment, the agency can help potential providers to increase sensitivity to the realities of the experience of layoff. On its own, or through a network of other systems, the agency can offer workshops to train its own as well as other staff to become more attuned to the world of work and the stress and strains of unemployment. This training will influence how programs are designed, and may foster more consequential participation of both consumers and providers of services being planned. Planning in the absence of required sensitivity will most likely lead to program insufficiency or failure.

D. Marketing Considerations for the Consumer/Worker and Family

It is self-evident that programs must be effectively designed to be accepted by and useful to consumers. In planning and developing interventions, several central issues will "make or break" success. These include the core concerns of:

- Substance
- Style
- Sensitivity to Socio-Cultural Norms
- Flexibility and Diversity
- Setting

The following paragraphs elaborate on these dimensions of "program accessibility."

PRINCIPLE:

In planning interventions, carefully consider questions of substance, style, social norms, diversity and setting.

- Substance

Substance refers simply to giving workers what they want and need. Workers will be more interested in finding a job than in job-seeking skills. Similarly, workers will be more concerned about paying their bills than learning concepts of budget management. It is incumbent on the provider first to address concrete needs and then to move into more complicated questions of awareness or conceptual understanding. A successful program will build from the immediate toward the abstract.

- Style

"Style" is a reference to choices regarding who communicates information, how that information is carried, and where and when information is transmitted. Wherever possible the who should involve workers themselves. These can be workers who have been laid off and have successfully (or not so) learned how to cope. It might also be committeemen and stewards. Use of peer counselors and coordinators helps increase acceptance of programs by increasing both their substantive and subjective validity. Intervention must speak directly and concretely to workers' self-interests and concerns. Mental health jargon and theoretical conceptualizations have no place in program delivery. Some of the workers will be anxious, others will be angry, and some will deny having problems at all. The how of delivery must allow for expression of feelings, the building of relationships of trust, and the grounding of intervention in the vocabulary and experience of intended consumers.

The where is very simply a reference to use of settings which are both comfortable and convenient. The sub-section on "setting," below, will explore this concern in somewhat greater detail. Suffice it to say that the plant is the one place where workers are guaranteed to be, and pre-layoff interventions should take advantage of that automatic accessibility. Companies often have already set aside times for meetings on occupational safety and health. It will be less disruptive for plant operations and facilitative of prevention if this time can also be used for pre-layoff planning and programs.

The when refers both to this issue of meeting and the timing and sequencing of programs in relation to the timing notification. We cannot expect, for example, that prior to layoff, workers will be concerned about family stress that might occur a year or more down the road.

- Socio/Cultural Norms

Another important dimension of style is sensitivity to the socio-cultural norms and values of the population confronted. Approaches must not be condescending and must strive to avoid a paternalistic tinge. Program design must consider the daily flow of the workers' lives and must not create or superimpose additional or extraneous demands. It must also recognize the culturally inbred reticence to dealing with private conflicts in public arenas--and to admission of emotional conflicts with self or with family at all. We can assume, for example, that few persons will step forward to ask for aid because they are beating their wives. We, therefore, cannot expect that sessions directly dealing with domestic assault will draw significant crowds. Programs must as much as possible respect the historical and emotional expectations of their consumers.

- Diversity and Flexibility

Diversity among laid-off workers also affects accessibility. The needs of older workers are different from those of the young adult. The anxieties of the single parent are not the same as those of the frequently unemployed individual. Programming must be sufficiently broad in design to speak to the experienced needs and concerns of widely varying unemployed populations. Flexibility is a critical rule in promoting the programs' marketability and effect.

- Setting

In the same vein, the question of setting will always be crucial to potential for impact. Workers asked to meet outside the workplace and after working hours probably won't. The agency should negotiate a means of meeting workers on their work sites and during their regular shifts. Moreover, smaller group meetings--even for the most concrete information dissemination--are always preferable to larger groups. As the content becomes more personal, the size of the group should be reduced. Rooms for meetings should be as intimate as are available and need to be protected from distractions. Following layoff, the question of setting becomes even more consequential. The geographic dispersion of workers is particularly problematic. It is unrealistic to expect that large numbers of unemployed individuals will transport themselves across towns, or often counties, for the services described later in this manual. The more services are integrated into ongoing networks of daily living, the more likely is the continuity and impact of contact. Or, if relationships of mutual support can be constructed preceding termination, there is likelihood that such relationships will continue following the layoff. Whatever the nature of the particular service provided, concrete relevance and personal relationship will most critically determine their "accessibility" to workers.

E. Time Frames as Issues of Planning

The length of notification prior to layoff, and the "life-span" of emotional response to related stress, overlap as frames of time which affect planning of interventions. While both are fundamentally beyond a provider's control, both must be incorporated as influential considerations in program design. The life-cycles of emotional response to unemployment were addressed in some depth in Section II. Emerging from that discussion was a recognition that flexible strategies are required to address changing needs. Coping skills workshops occurring while workers are still engaged in a phase of denial will not be of great use or effect. Generally, then, these workers will not choose to become involved. These same workers, at the same point in time, may be able to incorporate nothing more than a vague remembrance of the existence of a mental health Hotline number. Conversely, offering only concrete information at a time when the worker is seeking emotional support can aggravate the level of stress. Interventions must then be conceived in a manner responsive to evolving personal reaction. They must correlate as closely as possible with the individual's evolving emotional concerns.

PRINCIPLE:

Time frames of prior notice and patterns of stress must be considered in all planning procedures.

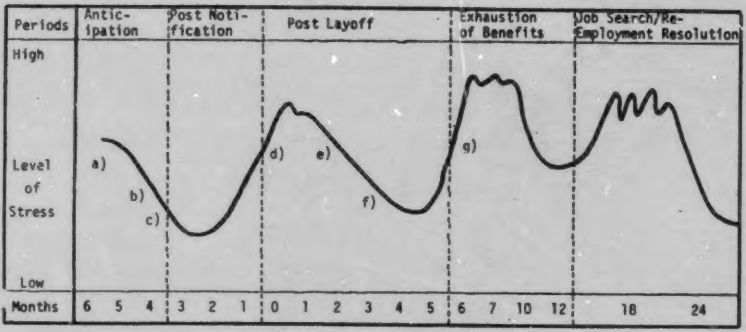
These chores obviously are made more complex by the diversity of populations affected, and by their variance in styles of personal coping. There is no one or simple solution to this challenge of planning. The one invariable demand which is implied is the need to stay as closely connected as possible to the workers as they move through the experience of layoff. Interventions constructed through circular feedback in response to developing needs is likely to be more effective than that which is unilaterally defined and imposed.

The question of time frame of notification is also of undeniable planning importance. Both in programming achievable and in terms of its personal effects, the length of prior notice and the impact of intervention can conceptually be viewed as having a direct correlation. While much of the relevant decision-making process may be seen as beyond the provider's control, it is certainly conceivable that the agency can advocate for more significant notification both through formal channels (i.e., legislation) and through informal networks (i.e., political relationships). Assuming that there will usually be at least some minimal notice, the provider--in conjunction with labor and others--can push for postponing the date of factory shutdown in order to allow for more appropriate intervention. Table 5 enumerates the strategies implied by various degrees of prior notification.

TABLE 5

RELATIONSHIP OF PATTERNS OF STRESS TO INTERVENTION

(See Table 3 for comparison with points of most stress)



* This is a representational model and is not based upon actual research findings.

a) Initiate collaborative planning among management, labor, and community.

b) Worker outplacement activity: (e.g., skills assessment, relocation, retraining, early retirement).

c) Information and resource workshops--coping skills workshops.

d) Information and resource guide.

e) Hotline/Information and Services Clearinghouse

f) Peer support groups and job-find clubs.

g) Irregular economy.

As stated on Table 1, these interventions can be done at earlier points.

SECTION V

INTERVENTION STRATEGIES: PROGRAM COMPONENTS

A. Overview

Several fundamental values and commitments have informed development of this manual from its inception. We strongly suggest that these same values are of central importance in adaptation of the approaches described in the paragraphs which follow. Included among these commitments are:

- Accessibility of programs to their intended consumers
- Cost effectiveness in resource-poor environments
- Flexibility and creativity in addressing the variant needs of diverse populations
- Adaptability to widely varying social and economic settings
- Promoting maximum participation and collaboration among relevant parties in program delivery
- Utilization of natural helping skills and supports

All of the approaches outlined address three intersecting levels of concern: the Worker, the Worksite, and the Community. Strategies are constructed around overlapping themes, relevant to each of these three levels. For the worker, approaches are oriented towards:

a) Restoring or enhancing the workers' sense of control in their daily lives

b) Building upon and expanding the workers' inherent strengths

c) Helping the workers develop more critical perspective or insight into their social and economic plight.

At the level of the worksite, interventions are focused on:

a) Enhancing the workplace as a focus of efforts facilitating promotion of workers' sense of control

b) Building upon the unique characteristics of helping resources which exist within the work setting

c) Creating increased recognition in both labor and management of ways they can foster less stressful transitions to layoff.

At the community level, these components are committed to:

a) Enhancing the means by which the workers' environment supports coping capacities and efforts toward re-employment

b) Utilizing existing community resources and networks which bolster the workers' survival

c) Fostering increased understanding of the manifold ways in which the local environment can contribute to the generation and amelioration of stress.

Literature, experience and plain common sense are supportive of these underlying attitudes toward intervention.

Two primary categories of programming options are discussed. The first--facilitating emotional and economic coping skills--includes:

a) Dissemination of information and resource guides (p. 68).

b) Conducting one-time face-to-face information and resource meetings (p. 73).

c) Delivering multi-session workshops promoting a variety of personal and familial coping skills (p. 80).

The second category--facilitating employment transitions and job-finding skills--incorporates:

a) Job information and referral programs (p. 86).

b) Early retirement counseling and referral (p. 103).

c) Job-skills assessment intervention (p. 92).

d) Job-seeking skills assistance and job-finding clubs (p. 97).

In each of these two major categories of concern, specific components are summarized, concrete suggestions for strategy and style in implementation are explored, and potential complications and resolutions are examined. Extensive information in the Appendices shares models and materials adaptable for most program components. It is assumed that the provider--as much as possible--will develop these options more specifically in conjunction with a plant/worker committee and other services representatives. It must be stressed that these are merely two aspects of a much larger continuum of possible programs related to unemployment. These explicitly are approaches most relevant to the period immediately preceding and succeeding plant shutdown or layoffs. Other equally valid and more long-term interventions are described briefly, as well. Their brevity in this manual does not imply a lesser importance, but merely a difference in timing and planning required. Among the alternatives alluded to later in this section (see Section V: D and E) are:

> PRINCIPLE:
>
> Components detailed in this manual are merely aspects of a continuum of possible intervention.

a) Worker-retraining
b) Worker-relocation
c) Peer support groups
d) Utilization of the irregular economy

e) Information hotlines and clearinghouse

f) Use of collective bargaining

g) Worker control

h) Advocacy for economic development

B. Emotional and Economic Coping Skills

1. Information and Resource Guide

Summary

Among the simplest--and perhaps most effective--of short-term interventions is dissemination of basic information through pamphlets or written material. Such presentations are easily prepared, demand little prior notice, and can be distributed with a minimum of planning and with minimum costs. Because pre-layoff notifications are often so short, this may be the only tool available for prevention. Even in situations with long layoff warnings, the pamphlet will be important as a concrete aid to which the worker can easily refer. Additionally, it makes information available to other significant family members, who--experience shows--often initiate post-layoff calls for assistance or information. Distribution can be accomplished with relative ease. Brochures can be passed out outside the factory gate, mailed to workers' homes, attached to workers' paychecks, distributed through other agencies, incorporated as supplemental materials in other face-to-face interventions, and distributed from Unemployment Offices.

The choice of specific content will vary with the particularities of the layoff situation, the community, and how the brochures will be used with other intervention strategies. A generic format for constructing a brochure is attached as Appendix B. Reference list includes information guides developed and distributed in areas which have already experienced mass layoffs and plant closings. Subjects which can easily and briefly be addressed include the following:

- Availability of benefits during unemployment, and brief instructions on obtaining them.
- Expected impact of layoff and unemployment on individuals and their families, and brief hints on resolving potential conflicts.
- Resources available in the community for helping with practical and emotional emergency needs.
- Options--such as early retirement, retraining or relocation--which can be considered as alternatives to long-term unemployment.
- Assistance available in seeking new employment.

STRATEGIC SUGGESTIONS

- Think of the pamphlet as your one and only opportunity to contact the laid-off worker. Consider carefully the style and substance of information you wish to convey. Language used will determine the comprehensibility of the content. Content chosen will determine the ultimate educational value of the guide.
- Many communities have some already existing listings of community services--often produced by the local United Way. You need not recreate your own if one already exists. Using this material as a guide, you can avoid repeating many hours worth of tedious research for information.
- Avoid flooding readers with numbers and resources. In the primary text of a pamphlet, list only those agencies which will provide assistance directly relevant to the concerns addressed. If possible, refer readers to one centralized information and referral source. Simplicity is of incalculable virtue in information and referral.
- Be brief and to the point. People have little patience for wordy pamphlets, particularly when

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experiencing stress. Conceptualize your brochure as a "road map" to resources.

- Do not bother readers with technical gibberish about rules and regulations. Share only the most essential eligibility requirements, and warn them--gently--of possible complications.
- Don't drown the reader with tiny print. Be visually bold if possible. Use graphic design as a tool for highlighting and directing reader attention.
- Don't be afraid to use a humorous approach--as long as you can make it work in a non-offensive and non-condescending manner.
- Utilize the pamphlet to convey other than simple resource information. Inform the laid-off person and his family that they are not alone. Help readers recognize that their situation is not hopeless. Remind them of the importance of all family members working together in confronting difficult times. Reinforce the idea that one has more power over one's life than it might sometimes seem.
- Be honest! Let the workers know what they're in for. If lines at the Unemployment Offices demand three hours wait, tell the workers to expect them.

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If backlogs at mental health offices require substantial delay between referral and response, prepare the readers for that possibility. Warn them of the dehumanizing sides of human services delivery to help them be able to cope with the strain of otherwise unexpected frustrations.

Potential Problems and Solutions:

- Generally, printed material is not the most effective tool for preventive education. Many individuals you will most want to reach do not read well or, in some cases, do not read at all. However comprehensively you present crucial information, you may also want to utilize supplemental strategies to reinforce the message. Put posters or flyers with one central, accessible "Information Hotline" number in well-frequented community settings such as churches, grocery stores, hardware stores, Employment Security Offices, etc. Take advantage of radio-broadcast public service announcements as tools to remind listeners of available assistance and to generate increased awareness of the commonality of related stresses and strains. Look to local newspapers to write about your efforts, to reproduce the pamphlet, or to do their own feature series on these issues. The key is to inject the information into public consciousness in as many ways as is feasible. You can then rely on informal networks to transmit and reinforce the messages you deem most critical to your intervention.

- Printing costs for large numbers of graphically well-designed productions can easily become surprisingly expensive. Check on costs before you design a pamphlet to avoid frustrating demands for revision. Use this check also for recruiting in-kind or voluntary printing contributions. Local printers may be willing to help, and high school or college shops can often assist you. If you are working in conjunction with labor or management, they can offer use of their printing equipment, or underwrite necessary expenditures.

2. Information and Resource Meeting

Summary

If there is sufficient advance notification, the agency can arrange for face-to-face meetings with workers, on-site, prior to their layoff. Meetings, or workshops are likely to be more effective in conveying essential information than reliance on written materials. The amount of pre-layoff notification will often determine the possible scope of such face-to-face communication. The nature of the provider's relations with both management and labor will also determine the degrees of flexibility in such a plan. If time and relationship permit, the planning for this (these) workshop(s) should involve the plant/worker Steering Committee. These discussions should determine whether the provider will train peers to deliver parts or all of the workshop, or will maintain responsibility itself.

The simplest of such presentations would depend on a one-time contact with workers. More complex approaches could incorporate multiple sessions. In either case, these meetings should share information regarding the following concerns:

- Plant closing or layoff scenario
- Available benefits and entitlements
- Probable sequence of emotional reactions, and planning to deal with personal or familial strain
- Available helping resources in the community
- Available assistance in job-hunting and job-seeking skills
- Planning tips to facilitate survival in possibly long-term unemployment
- Advantages of and opportunities for utilizing informal peer support.

Generally, these meetings should encompass information on emotional, economic and practical survival skills. They can be staggered as assemblies of all affected workers, but preferably would occur in smaller, more collegial groups. If at all possible, they should be held at the worksite, during working hours. In any case, establishing more direct dialogue on these issues will be most beneficial for about-to-be laid-off workers.

STRATEGIC SUGGESTIONS

- Depending on extent of notice and other planning variables, these meetings should be scheduled close enough to anticipated termination for the workers to be motivated, and far enough ahead of time for them to be able to use the information for planning and personal preparation.
- If possible, conduct these meetings in groups not larger than 20-25. If hundreds, or even thousands, of workers are being laid off, try to make contact in groups as small as is feasible. A more dialogic, question-and-answer approach will be more effective than a formal one-way presentation.
- Strive for the appropriate balance between thoroughness and simplicity. Individuals will retain only a fraction of information presented. Therefore, you must insure that the most central

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points don't become lost in the overload of communication.

- Partially in consideration of the above-mentioned point, and partially to create an additional learning aid, develop short and simple summary sheets (in addition to the brochure) which capture and reinforce the primary facts presented. Pass these out at the beginning of the meeting for workers to keep and refer back to.
- Invite representatives of relevant agencies to make brief, and informal presentations. This reduces your need for preparatory time, insures greater accuracy, and, most important, initiates the breaching of barriers between services providers and potential customers. Among those who might best be included are representatives of the local Unemployment Office, Department of Social Services, Department of Mental Health, Community College, Adult Education Program, other related counseling services, and officers of labor and management.
- If these meetings occur close enough to layoff, invited representatives of your State Unemployment

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Office can use the opportunity to "register" new clients. Or, conversely, you might arrange for such an outreach as a means of encouraging greater worker participation in local benefits programs.

- Work as much as possible with union or plant personnel as primary deliverers of information. This reinforces the nurturance of peers as on-going resource persons.
- Use audio-visual materials, if available. Straight and traditional verbal presentations can soon become tedious. A "trigger tape" modeled after the VIEWPOINT production ". . . Not Working" (see Appendix H) can be a highly energizing tool.
- Role plays or simulations might also be used to bring vitality to the information meeting. It may be helpful, for example, to conduct social simulations to show how interviews might occur, and to have the workers themselves become invovled in the role-play. Meetings should focus on principles of assertiveness and on training that helps individuals clarify their investment in community resources. Role-playing

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discussion with a utility services clerk, for example, can illustrate how a worker with financial shortfall might bargain for a plan to reduce monthly payments. Similar activities can demonstrate tactics for dealing with social services workers, credit agents, or holders of mortgages and loans. While there will obviously be constraints in incorporating these elements in a relatively brief one-time meeting, use of such techniques can increase impact.

- Use the meeting as an opportunity to let workers know what they can realistically expect about dealing with community service bureaucracies. Prepare them for the inevitability of "hassle" and frustration, and provide them with clues for constructive response. Be sure to inform them of the verifying material and/or information they must be prepared to share to qualify for services.
- Use the meeting as an opportunity to let workers become aware of the personal and familial stress they soon may be facing. Consider inviting a "veteran" laid-off worker from another plant to share his/her related experience.

Potential Problems and Solutions:

- Large meetings in stressful conditions are never easy to manage. Carefully consider both the physical setting and the emotional climate in preparing for these meetings. Recognize the limitations inherent in the format and make the best of the opportunity you have.
- You will be tempted to squeeze a great deal of information into a relatively short period of time. Do not expect these meetings to constitute in-depth educational events. Don't waste time on unwieldy detail. There will be ample opportunity for motivated workers to follow-up individually for more personalized specifics.
- While the objectives of this meeting are clearly educational, participants are not freely or voluntarily in the "market" for this information. Do not approach this interaction as a traditional educational or didactic experience. Strategies which build on audience participation and commitment to open dialogue will usually facilitate more successful interaction.
- Your audience will likely be loaded with feelings of denial, suppression, anxiety, resentment, anger, boredom and depression. While expecting these

feelings will not make your task any easier, it will, at least, help you orient your presentation. Including workers in the planning of this meeting, and incorporating workers more directly in its delivery, helps to create a sense of ownership and control which will be useful in overcoming these emotional obstructions.

3. Coping Skills Workshops

Summary

Where advance notice and working relationships allow, it is preferable to arrange a workshop series to address a broader range of coping skills and generate greater depth of understanding. Administering a basic information and resource meeting (as described above) does not preclude the adaptation of this option. The provider can view that meeting as the first of several workshops or can design these workshops as supplemental for those who choose to participate. Obviously, the more opportunity one has to connect with soon-to-be laid-off workers, the greater is the potential for successful prevention. Conducting these sessions in sequence, over time, allows for the workers to explore information and return for feedback or clarification. While there may not be sufficient lead-time both to plan and to carry out all of the sessions prior to layoff, workers already involved may be willing to meet following their termination. A series like this also is more likely to foster the lasting and supportive relations required to help workers through ensuing periods of emotional stress and familial strain.

Every situation will be unique. No one suggested approach to workshop strategy will be applicable to every setting. Still, common elements to be incorporated in any workshop plan should include:

- Providing essential information on benefits and entitlements (see Subsections 1 and 2 above)
- Raising awareness of emotional impacts and implications of unemployment (as outlined in Section II: "The Experience of Unemployment")
- Discussion of stress management strategies for both individuals and families
- Consideration of time-management recreational and time-structuring approaches (see Appendix C)
- Promotion of insights into and capacities for personal assertiveness (see Appendix E)
- Exploring demands and strategies in coping with community services (see Appendix D)
- Promotion of generic problem-solving skills (see Appendix F)

- Exploration of job-seeking skills and use of employment referral services (see References).

Not all of these issues need be dealt with as separate units. Some may be more profitably approached through other intervention strategies, particularly if other strategies are mounted. All can effectively be addressed in as few as three two-hour sessions; it is highly unlikely that workers would attend more than four or five altogether. In the absence of opportunity for more sophisticated interventions, this series of workshops can constitute the core of an exciting and consequential program.

STRATEGIC SUGGESTIONS

- Aim for three (3) two-hour sessions as you do your planning. If it seems as though you need more time, and if your schedule allows, then expand the total amount of contact either by lengthening each workshop session, or by adding another meeting. Try not to extend beyond four or five sessions. These soon become a drag on participant energies.
- Remember that these may also be used as the catalysts for initiating longer-term peer support

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groups. Build in sufficient opportunity for participants' exchange to cultivate this potential.

- Utilize these workshops as opportunities to include participation of the workers' spouse or significant others. These partners can be critical agents of support if provided with the necessary tools to act in that capacity.
- Always use small groups in conducting these workshops. The nature of this learning demands at least a minimum level of intimacy.
- Use of social simulations and role-plays helps workers and their families "practice" new required skills in foreign situations. Participatory learning is more effectual in these educational endeavors.
- These workshops should build upon the notion of the "training of trainers" or the training of capable non-formal helping agents. Resources for support among formal services agencies are not likely to be sufficient to provide needed personnel. Utilizing persons such as union committeemen, talented peers, or others can reduce actual costs while increasing the impact of service.

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- Units on "stress management" skills can help people identify and reduce conflictual feelings which they otherwise maintain through the future. Trigger films (such as the VIEWPOINT tape, described in Appendix H), role plays, and simulation excercises are all helpful catalysts in evoking constructive dialogue on these matters. Appendix F presents information on strategies which will be useful in conducting these discussions.

- Units on "time-structuring" and "time-management" help reduce the conflicts which are consequent to loss of the sense of daily structure and contribution. In some cases, work historically has provided workers with therapeutic structure and release. In others, it has served as the center of their social relations. Absence of this daily routine, and subsequent isolation, can undermine emotional stability. Appendix C lists several approaches which help reduce or ameliorate these conflicts.

- Units on "assertiveness-training" are helpful in preventing potential sources of stress from becoming causes of personal strain. This is especially true in relation to dealing with public

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bureaucracies, familial conflict, and job hunting demands. Appendix J provides samples of approaches for adaptation--particularly in relation to job-seeking skills.

- Units on broadly applicable "problem-solving skills" can help nurture capacities to reduce levels of conflict from multiple sources of stress. Developing these capabilities promotes real and perceived sense of personal control in one's daily life. Appendix D shares a general model for "problem-solving skills."

Potential Problems and Solutions:

- Shortness of pre-layoff notice is most obstructive in workshop planning and delivery. With less than four-to-six weeks notification, implementing workshops becomes logistically impossible. To develop this component, providers will need sufficient notice for internal planning and negotiations with both management and labor at the worksite. It is important to emphasize, however, that an agency well-attuned to its setting should not be surprised by local layoffs. As soon as the possibility arises, the provider can--and should--initiate its own tooling-up process. If an agency plans modules ahead of time, and negotiates "entry," as well, the limitations of prior notice are diminished.

- Participants--for innumerable reasons--may not stick with these sessions through the entire series planned. If each component is self-contained, missing any given session won't obstruct the benefits of participation in others.
- The more conceptual information becomes, the further from workers' experience it tends to be. The provider must devise strategies which address the workers "where they are" and help extend their critical perceptions and abilities.
- Not all "peer support" groups generate positive coping behaviors. They can also reinforce attitudes of cynicism, hopelessness and defeatism among participants. Leaders must be careful to avoid these more discouraging group outcomes.

C. Employment Transitions and Job-Finding Skills

1. Job Information and Referral

Summary

The most effective aid for laid-off, or soon to be laid-off, workers is to help them find desirable new employment. Providing information and assistance in locating job opportunities is a most sensible, and direct, approach to prevention. Often, companies have staged ritualistic "outplacement" efforts, intended to create the appearance of concern for their employees. These efforts rarely result in meaningful referral or linkage with job opportunities. Serious efforts at informing workers of alternatives and assisting in their search for re-employment, however, need not be difficult. Gathering pertinent information and sharing it with workers is not so harrowing as it may seem. Workers themselves are often strong sources of data about available jobs. Other local networks are extremely useful, as well. The diversity of worker skills and characteristics makes the matching of jobs and abilities more complex; and locating alternatives in a recession is obviously frustrating in its demands. Nonetheless, mechanisms needed for information exchange are relatively easy to devise.

STRATEGIC SUGGESTIONS

- Information is itself a scarce commodity. Look to those whose jobs are defined as "jobs information experts" for assistance in developing this component. Don't hesitate to approach the Department of Labor, for example. Invite representatives to meet with you--or with the workers directly--to describe what occupations

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will be needing workers through the foreseeable future. Find out where such opportunities are likely to be. Let them also let you know of areas which workers will want to avoid. If there is a University in your locale, look to labor or economics experts there for similar assistance.

- Think creatively of ways of integrating assistance from your local Unemployment Office. Have the Jobs Service Office set up outreach at the work-site. Bargain for release time from the plant for one or more of their employees as ongoing "consultants," on-site facilitators, or job-referral agents. Don't hesitate to act audaciously; you're only asking them to do their own mandated jobs more effectively.
- Work to convince plant management of the benefits accrued in granting workers release time for jobs referral paperwork with the State Employment Office, and for seeking, individually, their own employment elsewhere.
- Develop a community planning team which can, by itself, inventory local employment opportunities. Recruit participation from management, labor, other agencies, and the workers themselves. Using

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phone calls, letter-writing or other tools for jobs research, collect as much information as you can.

- Consider a range of alternatives for dissemination of jobs information. Use public bulletin boards for updated listings. Broadcast on local radio. Incorporate information in channels of communication which normally reach the workers concerned.
- You might also consider developing an ongoing jobs information newsletter which could be distributed by mail. This informal tool might double as a resource for information on other unemployment-related concerns.
- Always identify a central resource person, or place, or number, through which individuals can follow-up on leads. The best-developed information will be worthless without appropriate attention to this detail.
- All these referral activities can be done by the workers themselves with support from the relevant agencies. In adapting the concept of peer aid and support, this is an area in which self-help is logistically most feasible.

Potential Problems and Solutions

- The greatest likelihood is that local labor markets will be highly saturated. Economic conditions responsible for shutdown probably have impacted in other areas of the local economy, as well. Possible answers to this problem include options of relocation, retraining, early retirement, "skidding" to lower-level jobs, or career unemployment. The irregular economy (e.g., barter or exchange) also can be seen as possible solutions. Several of these options are discussed in greater depth later in this Section. All of them have serious drawbacks for general applicability. Recognition and analysis of these many complications reinforce the importance of focus on either of two longer-term strategies, wherever the opportunity exists. The first is to facilitate, in any way possible, efforts which might reasonably keep the plant alive--and workers in their jobs. The other is to join seriously in community-based advocacy for economic development which would provide both early warning systems and employment alternatives to the industry shutting down.

- Promoting relocation is difficult both from the perspective of information and from the perspective of worker preference. Many individuals--particularly older heads of households--demonstrate high degrees of resistance to this option. Much of that resistance can be attributed to the uncertainties implied in relocation. There are few channels of meaningful communication to reduce these feelings of doubt. Organizations concerned with relocation must be able to develop more direct linkages with potential employment settings to overcome this barrier. Some areas of the country now are in boom times while others continue to suffer from economic bust. Contacts must be forged with resources in areas of prosperity which allow information about jobs and lifestyle issues to be more freely and accessibly exchanged.

- Cultural, familial, neighborhood, practical, and historical ties often make relocation an unrealistic option. In a situation in which there are no local alternatives, and relocation is untenable to the laid-off worker, the best the provider can do is to provide as much information and "counseling" as the workers are able to absorb. That can at least reduce uncertainties and anxieties which are emotionally disruptive.

2. Job Skills Assessment

Summary

"Limits" are often only problems of narrow perspective. Many boundaries to adjustment are the consequence of "tunnel vision." Workers rarely recognize the wealth of marketable talent and skills they have nurtured over time. Because they see themselves so frequently within narrowly defined identities (i.e., as "spot-welders" or "assemblers"), they fail to appreciate the multiplicity of other skills they possess. Appropriate job-skills assessment is a valuable addition to any pre-layoff programming package. Prior experience with this approach--particularly with "displaced homemakers"--has proven its utility. The elements fundamental to its successful implementation are external facilitation, available time, and emotional support. The perspective and structure provided by an outside facilitator is essential to successful assessment of skills. In this same vein, time can be a significant factor but agencies rarely devote the time they should to these activities. Typically, a worker from the Employment Agency shoves a form at a laid-off worker, demands that it be filled out, and with little more than a minute of interpersonal contact, completes the "job-assessment" required. Decent assessment procedures demand serious self-reflection and careful consideration. That attention needs to be guided, and it needs sufficient time. It also needs emotional support. Identification of skills is easily obstructed by feelings of denial or self-devaluation. These are commonly expressed in statements such as, "I don't know how to do anything else!" "I'm not good at much," "Nobody ever taught me how to be one of those; I'm really only an amateur," or "It's just my hobby." Meaningful job skills assessment provides a resource for overcoming these emotional blocks.

This process is less constructive if not connected with other components, such as jobs information and job-finding skills. But even on its own, it can bolster the individual's sense of competence--characterized by the recognition that "I can do all of those things!" This, in itself, is useful in combatting the loss of self-esteem which accompanies unemployment. Even in the absence of more formal job-finding networks, this assessment gives the worker direction for independent job search activity. Job Find Club manuals offer materials for use in this regard (see References).

STRATEGIC SUGGESTIONS

- Because individuals are always multi-faceted, a multi-faceted team approach can be extremely useful in job skills assessment attempts. Rather than relying on facilitation from a single employment

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services worker, bring together vocational counselors, union committeemen, mental health specialists and others, including formerly laid-off workers, to help define the many layers of inherent skills and undeveloped talents usually hidden.

- This function is more easily accomplished in small group settings. The interaction of perspectives, the process of mutual identification, and other forms of mutual support which groups encourage are useful in provoking individuals to dig more deeply and creatively into defining their skills.
- Provide written examples of the way similar individuals have moved through this process of job skills assessment. Peer identification, and its implied support, can be highly evocative in this set of tasks.
- Provide a written outline or other structure or format, for thinking relevant questions through. This directive instruction helps the worker think more effectively of his/her capacities. These forms also can help the worker in defining choices through the future.

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- Approach this process as one which has generalizable utility for each worker. Make it creative as well as concrete, conceptual and not just technical. This process can be used to reinforce the recognition in the worker that things are never simply what they seem. In coming to see formerly hidden aspects of themselves, individuals also come to appreciate formerly unseen dimensions of their environment. This development of perspective adds to the workers' sense of personal and environmental control.

- Where possible, this process can also be used in initiating programs incorporating "skills exchange." It is the necessary first step for a range of economic alternatives, including bartering projects, workers' cooperatives, and other programs which build on non-formal abilities and economics.

Potential Problems and Solutions:

- Workers resent activities which consciously "therapize" or demand unexpected and undesired internal examination. Be sensitive to this issue as a general question of style. Make sure that self-assessments are understood in a different light, as relevant most directly to job-finding concerns.

- Workers also resent being subjected to batteries of tests and exams which reduce them to schemes of esoteric categories or mechanical elements. Rely as much as is feasible on more conversational modes of presentation, exploration, and mutual exchange.

- Workers tend to connect the notion of testing with implications of mental dysfunction. This experience can be counter-productive in reinforcing these implications. Be sure to approach testing from the perspective of identifying, analyzing and reinforcing personal strengths and abilities.

- Insufficient planning time may be a barrier to effective assessment. It does not preclude incorporation, though, of job-skills examination in prevention programs. Even a pamphlet can make explicit suggestions that workers should attempt to identify their own strengths and abilities as a guide for re-employment. Similarly, packets of supplemental information can be distributed to workers prior to layoff, and these can include a simple one-page summary and structure for job skills self-assessment.

3. Job-Seeking Skills/Job Finding Clubs

Summary

Ultimately, responsibility for re-employment rests with each individual. Unfortunately, most laid-off employees have little practice in or preparation for job-seeking. As such, they often experience job-hunting as lonely, frustrating, confusing, stressful and discouraging. The need for intervention which provides support, encouragement, direction and a development of rudimentary skills is essential. All of the components presented thus far have incorporated some elements of these concerns. This component suggests the need for a separate focus on job-finding abilities.

More specifically, the following capacities and understandings require individual cultivation:

- Personal Goal-Setting/Clarifying Work Values
- Preparing a Resume
- Analyzing Want-Ads
- Job-Hunting Techniques/Knowing the Territory
- Telephoning Strategies
- Interviewing Skills
- Assertiveness in Job-Hunting
- Problem-Solving and Decision-Making Skills

Generally, a variety of techniques can be used to promote the development of these skills. While each of these capacities could command a separate workshop, limitations of time will usually preclude such extensive contact--particularly in a setting with hundreds of laid-off workers. In addition to the relevant strategies discussed in other components (above), the agency can utilize three other approaches to providing this needed information--a single workshop, a workshop series, and ongoing mutual support or "Job Finding Clubs." The provider will be hard pressed to squeeze every aspect into a one-shot, one-day workshop offering. Nonetheless, constraints of time might leave the agency no choice but to limit efforts to this format. A second approach addressing this complex agenda would aim for a workshop series of three consecutive two-hour sessions. (Refer to segment on "Coping Skills Workshops," above, for relevant strategic suggestions.) Included in these series would be the following sessions:

Session 1

This session would focus on job-skills assessment, goals clarification and preparing a personal resume.

Session 2

This session would then focus on job-hunting strategies, analyzing want-ads, gathering information, and networking skills.

Session 3

This final element would focus on assertiveness skills, interviewing skills and decision-making strategies.

In some instances, a more formalized "job-finding club" approach has been used. This strategy recognizes the assistance of mutual support in maintaining workers' constructive attitudes. It views ownership of the learning process as essential to success. Originally described by Azrin,[10] there is a recently growing literature on this phenomenon. As such, we need not delve too deeply here into conceptual rationale. Generally, the "job club" meets three to five times per week as a group of 8 to 10 individuals who both work towards mutual encouragement and participate in structured exercises facilitated by the provider. Rather than rely upon external job placement, it specifically nurtures members' skills as their own job developers. By consistently returning responsibility for its functions to participants, the job club concept fosters more general problem-solving skills, as well. Even in the absence of employment opportunities, these clubs facilitate social support and the development of survival skills. With appropriate time and facilitation, the provider might even explicitly steer these groups in that direction.

STRATEGIC SUGGESTIONS

- See References for comprehensive suggestions for implementation of the "job-finding club" concept, based on a recent model program.
- Emphasize the element of structure. Both in helping make progress more visible, and in providing a sense of structure which is otherwise lacking in participants' daily lives, this is a critical facet of the job-club experience.
- Look to the reservoir of "group work" techniques to identify strategies enhancing fulfillment of short-term goals that, in turn, reinforce desirable long-term behaviors.
- Do not limit your perspective to the notion of "job-find" alone. Consciously use the "bait" of job find to lure laid-off workers into the larger process of social support. If these groups are successful, they can take on a life of their own that exceeds initial task-oriented motivations.

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This dynamic of collective problem-solving and mutual support then can be applied to larger issues of community action and economic development, as well.

- Look for opportunities to spin off special groups of spouses, significant others, or even whole families. Familial conflicts can create overwhelming and dangerous strains, and creative intervention is usually required. Building upon relationships which are nurtured through more task-focused intervention, participants can often succeed in applying parallel dynamics of mutual support in reducing familial stress.

Potential Problems and Solutions:

- Facilitating multiple small groups in large-scale layoffs requires a great number of trained facilitators. Predictably the agency will itself be strapped for personnel. It, therefore, may wish to utilize the "training of the trainers" concept for staffing this component appropriately.
- Identifying and recruiting appropriate facilitators--even within the "trainers" model--is difficult. Conceptually, it is most sensible to look at labor leadership (e.g., committeemen, stewards, etc.) to

fill these facilitative roles. Unfortunately, they, too, are often confronted with the same risks, confusions and insecurities as the rank-and-file. The strongest argument for recruitment of these peer leaders will be to persuade them of the benefits accrued by their receiving special training for these leadership roles.

- Recruitment of participants will also be problematic. While it logistically is easiest to recruit as an aspect of the worker's exit process, they will probably not experience the emotional need for this club until many months later (as their benefits expire). In this sense, recruitment will most easily be accomplished in conjunction with the State Unemployment Office. Use of other informal networks of communication and interpersonal contact should also be explored. Phone chains staffed by laid-off workers can provide the opportunity for more personalized recruitment. Even if the phone attempts fail to generate interest, they at least allow for continuity of contact, and for a brief reinforcement of information which may have been disseminated prior to the layoff. In a less personal manner, features in the mass media (television, newspapers, radio) can also describe this effort and underscore messages of pre-layoff intervention.

- The most difficult task of this later recruitment will be articulation of objectives in a manner sufficiently motivating to provoke interest in participation. Objectives must be spelled out clearly so that workers' will respond to a currently experienced sense of stress. A simple one-page descriptive flyer should be able to capture everything the worker needs to know of the program. Nonetheless, more personal communication will prove most effective as a means of transmitting this information.
- Because of the geographic dispersion of already laid-off workers, identifying appropriate settings for job clubs presents particular problems. The cardinal rule is to keep them neighborhood-based, or as close as possible to the participants. Churches, schools, community centers, and other assorted meeting spaces are usually available. With smaller groups, you can also arrange to meet in person's homes--on a regular or rotating basis.

4. Early Retirement Programs

Summary

The problems confronting older workers are particularly stressful. Finding new employment at the same level as they have attained over many years of working is highly unlikely. "Skidding down" to employment at lower wages and with reduced responsibility, though, provokes internal conflicts in sense of pride and self-esteem. This, in turn, prevents the older worker from accepting such offers when they arise. At the same time, finding any re-employment opportunity is rare. Despite technically existing legal protection, older workers consistently suffer from age discrimination. Other options available to younger laid-off workers make little sense to those approaching the end of their careers. Retraining, for example, demands investment of time, a sacrifice of benefits, a loss of income during retraining, and beginning again at the bottom of the ladder. These requirements hardly seem worthwhile to individuals with many years of working behind them. Relocation, similarly, is often highly unrealistic. The practical costs of selling a paid-off home and moving to a new environment--by themselves, are experienced as prohibitive. More significantly, the emotional costs of leaving family, work-related and neighborhood friends, community and a sense of history are too exhorbitant to consider. All in all, then, the older worker is in a difficult bind.

In this framework, an offer of early retirement becomes a sensible and attractive choice. While retirement income provides a minimum cushion of financial security, the worker can--in less of a squeeze--also choose to continue to search for new working opportunities. Early retirement also provides financial incentive to the former employer. Because pension costs for the workers are usually already paid for and costs of unemployment represent new expenditures, employers actually gain by encouraging workers to retire. Some plants, for purposes of image as well, will provide workers in the eligible age group one and one-half times the reimbursement they would ordinarily receive for electing the retirement option. Appendix G provides a model for orienting older workers to this choice.

STRATEGIC SUGGESTIONS

- Peer counseling, in this context, offers a great deal of needed support. Knowing that one can survive in retirement, and understanding its various costs, helps the older worker make a much more comfortably confident choice. Include others who have already gone through retirement in presentations or dialogues arranged.
- Supplemental part-time or full-time work, in addition to early retirement pay, provides older workers with needed extra income. In addition, it offers them opportunity to continue using personal skills and to maintain self-approval

(Continued)

and esteem. Don't limit thinking or approach to preparing people for retirement alone. Encourage them to consider their talents, and to look for new and more rewarding ways to apply them.

- Older workers will have cultivated a number of informal skills and abilities over the years. Skills assessment with these individuals can be especially fruitful. Encourage them to continue to stay active, and assist them in finding opportunities for continuing contribution.
- Negotiate with management to sweeten the early retirement package. Both direct benefits from reduced unemployment contributions and advantage in public image provide viable rationale for management cooperation. Obviously, the more lucrative this option can be, the more likely the older worker is to accept it.

Potential Problems and Solutions:

- Early retirement is a choice which shuts people down and out much sooner than they ought to be. Emotional needs to continue to participate in useful work are especially strong. The provider should look for any means possible to counter this unfortunate effect. This might include assisting in re-employment, encouraging voluntary involvement in sharing skills in the community, facilitating participation in groups of local peers, or aiding in the nurturance of dormant hobbies, talents, or artistry.

- The stress of unstructured time is especially detrimental for older workers, who have grown so accustomed to the structuring of their daily lives through their work. Interventions which help reduce this emotional threat will further encourage an opting for early retirement.

- Older workers are acutely aware of the impact of continuing inflation on their buying power with a fixed retirement income. This recognition mitigates against the choice of early retirement. Ability to point to and assist in the means through which this financial bind can be abated will help many make this choice with greater ease.

D. Longer-Range Interventions

1. Peer Support Groups

Extensive discussion in segments above has addressed the importance of peer support as a technique promoting learning of specific skills (e.g., assertiveness, job skills assessment, job-find club, etc.). The provider can also initiate more open-ended peer support groups as a specific component of intervention. These generally will help promote both emotional and economic survivial for those who choose to participate.

Attempts can be made to initiate informal mutual support meetings in the pre-layoff period. Many others can be generated as spin-offs from other interventions already described. Individuals working together in accomplishing pre-defined tasks tend to develop working relationships with potential for carry-over. With appropriate facilitation, these relationships can serve as foundation for ongoing peer support. The evolvement of support from problem-solving groups generated in responding to layoff issues promises more success in long-term assistance than groups established for peer support after layoffs have occurred.

Generally, peer support groups should function with extensive flexibility. They do not demand the structure of a job-find club (as described), nor do they require the explicit objectives of a workshop. Still, the group may choose to adapt these frameworks on a session-to-session basis to maintain interest and involvement. Particularly at the outset, external facilitation will also be important. The role of facilitation will essentially be three-fold:

a) Helping to organize support group sessions and practical arrangements.
b) Helping to mobilize or recruit participation.
c) Helping to identify and train peer leaders to act as ongoing group facilitators.

Once these groups are geared up and going, the provider can play a more limited role of continuing consultation. As they continue, group members will develop necessary skills for success in group process and maintenance, and will master the tools of leadership and group problem-solving. They can meet in locations most convenient to their membership (e.g., schools, churches, homes, restaurants), and can evolve in whatever manner seems to provide most meaningful mutual support. Family outings, athletics, political involvements, pot lucks, economics and stress management are but a few potential items appropriate for these groups. If successful in their evolution, they hold promise for providing exciting and creative multi-purpose support.

2. Information Hotline and Clearinghouse

Another possibility in longer-term community resource development is the development of a community-based unemployment hotline or clearinghouse. The primary goal of this concept is provision of special resources for responding to the particular needs of unemployed persons and their families. This idea does not imply a new overspecialized treatment organization, nor is it an extension of the 24-hour crisis emergency service. Rather, it aims to generate more effective problem-solving, referral and information dissemination. In some cases, this approach also can promote the "one-stop shopping" concept--i.e., coordinating services and information in one central locale, thereby avoiding consumer runaround for benefits and assistance they need and deserve. Outreach, advocacy, assessment, group-work, home-visits, individual treatment, and public education are all seen as appropriate programming tasks.

There are several ways to envision the operationalization of this idea. Where communities have other functioning information and referral, these will probably already be involved in responding to consequences of layoffs. In this circumstance the provider might choose to collaborate with this organization, or to augment its ongoing services by:

- Adding an unemployment liaison worker.
- Offering special training and orientation to existing crisis center staff.
- Providing additional trained peer counseling staff.
- Assisting in general functions.
- Adding more phones, or a special "hotline" number.

Where no related center exists, but there is motivation to create one, the provider can collaborate with other interested parties in planning, and implementing a clearinghouse concept. In a situation in which resources are too scarce for such development, the one essential is installation of a special "hotline" number for unemployment information and referral. This one small step can be invaluable for hundreds of consumers too confused or too reticent to approach many different but relevant agencies more directly. In light of the most extreme resource crunch, the provider should approach both labor and management for fiscal support that at least covers the costs of phone maintenance and installation.

As stated earlier, it is crucial that both the hotline and clearinghouse be seen as community-based, rather than related to mental health. Workers want information, but don't usually think of themselves as in need of mental health services. In a similar vein, workers have underutilized information phones which are placed in their own union halls. Workers don't want to admit publicly to problems, and in some cases are angry at the union for not preserving their jobs. In any event, this simple addition can be extremely cost-effective for prevention.

3. Worker Retraining

If time and resources allow, providing displaced workers with training which increases employability is an option that should be explored. This training need not involve education for radical career change; it can also be oriented to supplementing existing job skills. With appropriate pre-notification, retraining courses, or "curricula," can be established for those who desire them. These can occur in the plant, at the union hall, in local colleges, in community churches or in other convenient settings. Workers can be encouraged to pursue G.E.D.s, Associate Degrees, or other advanced training to increase marketability. Retraining should be initiated prior to job displacement if possible--and always must be linked to meaningful job referral and counseling.

The personal history of individuals as students in prior educational programs--and the provider's ability to deal creatively with education of adults--are likely to be the most critical determinants of success in retraining opportunities. Many displaced workers have never been successful in classroom settings; and it is unrealistic to expect them to succeed in any similarly regimented retraining. Efforts must, in every case, be geared to the special needs of non-traditional adult learners. This includes the need to deal with the more concrete implications of adult participation in such a program. For example, if retraining is implemented following layoff, it is important to ensure that participants do not risk loss of unemployment insurance. Provision for practica and logistical costs (transportation, materials, child-care, etc.) will often need to be arranged. Time and location of programs, and monetary costs to the unemployed worker, all seriously influence potential for success. Training subsidies, TRA, tuition support, release time, and other incentives will obviously increase appeal of re-training to "workers"--with or without steady income.

Most importantly, programs must be tied to realistic job prospects in order to promote recruitment and worker participation. Retraining has been mistakenly perceived as a panacea for the problems of the unemployed. In some cases, private "consultants" and entrepreneurs have sold packages training people for jobs that do not exist. In others, education is based on mis-information regarding future employment potential. In either case, retraining often leaves workers without a secure or permanent job. CETA, for example, is a program that is limited to essentially unskilled and often young individuals. While it enjoys some success for this group, it has little to offer the higher paid semi- or fully-skilled worker. Generally, workers at middle-age or above choose not to participate in any training program because acquiring new skills is not seen as beneficial in resolving their personal difficulties. Younger workers, on the other hand, are more likely to consider retraining for its promise of longer-term gain. For both populations, the outcomes of programs historically have been only mixed in their success. While younger workers' chances of obtaining training-related re-employment are generally better, this is often dependent on their willingness to relocate, and to accept jobs at lower pay.

Retraining effectiveness is also highly unpredictable and varies in relation to uncontrollable local and national labor market conditions. Training must be geared to valid forecasts of future needs, and uncertainty in economic conditions make such predictions difficult, if not impossible. Moreover, in periods of economic decline, employment opportunities are reduced across the board. Training which results only in extended unemployment will add to worker stress rather than alleviate its impact. On balance, retraining is constrained by many inherent limitations, and should be pursued only with caution and with minimal expectation.

4. Worker Relocation

Assisting workers in relocation is a related economic alternative. Motivation to move is generally enhanced by assurance of employment in a new location, continuity of seniority and benefits, and ability to return to their old communities if the new job fails to work out. Human services providers can facilitate this option by working in conjunction with potential "receiving" communities, providing training and counseling to potential transfers, and monitoring or following up on the relocated workers. They can also advocate for transfer subsidies or allowances, and can mobilize local peer and professional networks to help develop strategies for supportive exchange of needed information. In situations where there is clarity that the local economy is not likely to rebound in the near future, these strategies represent an important intervention.

For many unemployed workers, however, relocation is seen only as the choice of last resort. Individuals are more likely to move if they are younger, unmarried, female and of higher educational and occupational status. For most others, there are extensive disincentives to consider relocation. Older and more established individuals, in particular, have a strong sense of rootedness in current homes and communities. Bonds of friendship, kinship, children's ties, and local involvement strongly support "staying put." From a fiscal perspective, questions of home ownership and costs of relocation also work against the broad acceptance of relocation as a viable alternative. In this light, relocation can be utilized as an approach with potential for particular sub-populations; but it must not be construed as a widely useful tool.

5. The Irregular Economy: Barter, Skills Exchange, and Worker Cooperative Programs

Typically, laid-off workers have extensive talents and skills which go unused, or which they have historically limited to application within their own homes. A cursory review of personal capacities will reveal formerly unrecognized abilities in many and diverse areas--e.g., typing, household repair, arts, child care, construction, sewing, auto repair, carpentry, cooking, music, crafts, etc. Developing programs which assist the laid-off worker in identifying, applying and exchanging these skills can help reduce both financial and emotional stress. Monetarily, they lighten the load by generating supplemental income, reducing or eliminating costs of small repairs, avoiding the expense of dependence on "middle-men," and replacing costs of purchase with exchange of services. In emotional terms, these options are important as they support the sense of having useful skills, help restore one's sense of self-confidence, and foster supportive channels for use of vacant time. They even provide more acceptable alternatives for workers who are unable or unwilling to look to public "welfare" for available assistance. Several different models of programs can be adapted to almost any community, or neighborhood, setting and scale:

- In the worker cooperative approach, small groups of workers join together as a "mini-corporation," and jointly advertise abilities for relevant odd-jobs. While this most likely will be limited in its economic potential, it can provide extra money and boost self-esteem. In this instance, the agency's role can be restricted to suggesting the possibility as a part of its information dissemination, but can also include providing ongoing consultation.

- In the traditional barter model--such as babysitting pools--a small group of workers coordinates a simple exchange of efforts in providing for commonly experienced needs. This might include child care, elder care, transportation, certain repairs and even job-hunting efforts. The role of the provider in this model would simply be to facilitate initiation of the exchange and to provide ongoing assistance as required.

- In the "yellow pages" model, individuals advertise their skills and resources through a catalog or publication or other public communication tool. Without the involvement of any brokering agent, individuals then directly negotiate and manage an exchange. The agency, in this case, might coordinate the publications process.

- In the organized skills exchange, an organization, group, or committee coordinates, monitors, brokers, and publicizes ongoing exchange. Through this model, individuals have the option of immediate exchange, or management of "credits" which can be traded off at other times. The agency's role in such an effort could either be to help in coordination--with staffing, space, or other aid--or to provide more limited consultation.
- The cooperative buying model is a variation on prior related themes. In this case, workers share their time in collective purchases and distribution of foodstuffs, clothing, or other needed material. This significantly reduces "middleman" costs while increasing worker involvement in mutual aid and self-support. Here again, the agency might provide a range of in-kind assistance and also add through process and small group facilitation.

Regardless of the models utilized (and they are not mutually exclusive), the provider can render a significant service in assisting groups of laid-off workers to implement these alternatives. Their direct practical benefit and indirect emotional effects make them highly worthwhile in creative intervention. See References for further basic guidelines for those interested in initiating such cooperative exchange.

E. Changing The Base: Collective Bargaining, Worker Control, and Advocacy for Economic Development

Several options for intervention are a few steps beyond that which human service agencies normally view as their "turf." In the context of commitment to effective preventive programs, these alternatives deserve at least some mention. The first of these is the potential for building layoff assistance into "the system" through collective bargaining agreements between labor and management. Among conditions which can be incorporated through negotiation are:

- Advance notice to workers of any shutdown plans.
- Union participation in any shutdown decision.
- Provisions and funding for severance pay.
- Provisions for transfer of workers to other units of the company and maintenance of all seniority and benefits which have been accrued.
- Relocation subsidies or allowances.
- Retraining subsidies or allowances.
- Layoff procedures which incorporate preventive orientation.

Working towards inclusion of such provisions in contracts demands serious prior goundwork with both union and management officials. There are payoffs from this process, though, in constructing more meaningful relationships with both.

In the same vein, and an option with increasing vitality, is *encouragement of worker control, or ownership, of shut down industrial plants*. Recent legislative and economic development initiatives have provided growing support for this complex alternative. While this may seem to be beyond the realm of traditional human services expertise, there is a clear role for the provider in advocating for, and lending support to, worker-controlled economic initiatives. It would be of great injustice to ignore this approach in a serious review of alternative interventions. Because the technical complexities of this sophisticated strategy make it difficult to explore in greater depth in this volume, we refer the reader to the wealth of available literature which examines this alternative in more meaningful detail.

The relationship of work and emotional health is long established. The relationship of non-work and ill-health is also clear. In that sense, there is ample theoretical rationale for inclusion of human services representatives in economic policy initiatives. In the long run, the best preventive strategy is avoidance of shutdown and layoff altogether. When layoff is unavoidable, the next best strategy insures availability of local re-employment. When regions become dependent on single industries, and other economic options don't evolve, the region--as an environment--can be said to be at economic risk. As the recent case of Michigan and other regional examples (e.g., Massachusetts, Maine, etc.) painfully attest, failure to promote economic vitality and diversity forebodes probable industrial disaster. In light of the consequent familial and emotional impacts, the creative provider should participate in efforts to counteract these economic eventualities. Advocacy for appropriate economic development is thus a legitimate preventive alternative.

In related fashion, it is in the interests of providers to become aware of impending economic dislocation as early as possible. Participation in economic development activity (as mentioned above) helps keep providers on top of the evolving industrial climate. Advocating for political legislation which mandates extended notice of plant shutdown or large-scale layoff is similarly appropriate in the human services repertoire. While risky in a purely political sense, achieving legislation of this sort would insure sufficient planning time for meaningful intervention.

Too often, the approaches of human services providers reinforce notions of worker responsibility for conditions that are essentially beyond their control. Prevention need not and must not "psychologize" fundamentally economic crisis. Social services can help provide supports, but the realities of unemployment stress are based in an often uncontrollable career experience. Rather than perpetuate counter-productive assumptions that layoff is somehow the "fault" of the worker, committed human services providers might more effectively advocate for economic change.

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APPENDICES

APPENDIX A

OUTLINE OF ASSESSMENT ISSUES FOR PRE-LAYOFF PROGRAM PLANNING

I. PROGRAM SETTING ISSUES

1. The Workplace
   - A. History
     - 1) How long has business been in the community?
     - 2) How central is the business as a political and economic force in the community?
   - B. Economic Control and Influence
     - 1) Is the industry locally owend, or is it a corporate subsidiary?
     - 2) Are decisions regarding the business made at a local management level or through distant corporate procedures?
     - 3) To what extent is the business concerned with local opinion?
2. The Workforce
   - A. Demographic Information on pre-layoff workforce (i.e., size, ages, gender, length of employment, family structure, etc.)
   - B. Demographic Information on Laid-Off Workers
     - 1) Are there any visible patterns in the characteristics of workers laid off?
     - 2) Are there particular numbers of laid-off workers in categories identified as most vulnerable (i.e., young adult, newlyweds, older workers, single parents, etc.)?
     - 3) How many will suffer from severe economic loss?
   - C. Labor Skills of Laid-Off Populations
     - 1) How do skill levels of labor generally break out (i.e., unskilled, skilled, supervisory, clerical, white-collar)?

2) How unique are skills of workers laid off? How many laid-off workers have transferrable skills?

3) What is the likelihood of laid-off workers finding local re-employment in positions utilizing the same or parallel skills?

D. Residence of Laid-Off Workers

1) How widely dispersed are laid-off workers from the physical location of the plant?

2) How accessible will laid-off workers be in strictly geographic terms?

E. Worker Culture

1) What are the dominant cultural values regarding work and unemployment?

2) What are the relevant norms and values regarding mutual support?

3) What is the nature of worker investment in this particular community? How reticent will laid-off workers be to leave?

3. Union/Labor Representation

A. Labor History

1) Has there been a recent or notable history of union antagonism in the targeted setting?

2) What is the general tenor of current labor-management relations?

3) Are there competing unions within the targeted plant? Does that competition have implications for possible pre-layoff programming?

4) How do workers view their existing representation?

B. Union Structure

1) Are there already identified positions within the union responsible to these concerns? At the local level? District level? State level? National level? International level?

2) Who within the union structure will be most useful in contacting workers? Disseminating information? Counseling peers? Mobilizing peer support?

3) Is the union capable of freeing representatives for program planning? Training? Program implementation?

4) Are there already existing committeemen, stewards, or others who can be used as trainers or facilitators for their peers?

4. Management

A. Who are they?

1) Who is responsible for decisions regarding layoffs?

2) Who is responsible for employee relations?

3) Who is responsible for community relations?

B. Power

1) Who controls the decision-making process relevant to layoff?

2) Is there leeway or flexibility in that decision?

3) What are possible sources of leverage? What informal networks are relevant? Who can be called upon to exert informal counter pressure?

C. Layoff Planning

1) How involved is management in planning for workers affected by layoff?

2) How cooperative is management likely to be?

3) What is management's essential interest in layoff planning?

4) Are there any parallel precedents for commitment of corporate interests and resources in the workers' behalf?

5. In-Plant Resources and Labor-Management Relations

A. General Contractual Commitments

1) What are the existing commitments re: child care, health care, flex-time, educational benefits, etc.?

2) What is the nature of supervision and control in the plant? Is there a visible backlog of grievances? How much is concern for workers' welfare incorporated in formal structure and practice?

B. Contractual Commitments Regarding Layoff Practices and Procedures

1) What are the written conditions regarding layoff procedures?

2) Are there contractual commitments for any particular layoff benefits? What systems or strategies are already mandated for response to plant shutdown or layoff? Outplacement Counseling? Severance Pay? Early Retirement Options? Relocation Subsidy? Transfer Policies? Other?

C. In-Plant Resources

1) Is there an existing Employee Assistance Program?

a) Who is responsible?
b) Is it actively utilized?
c) Is it a viable partner for pre-layoff prevention?

2) Are there other programs geared toward employees' emotional or educational needs?

a) Stress management?
b) Substance abuse?
c) Adult basic education?
d) Consumer skills?

3) Are there relevant informal peer interaction networks?

a) Bowling leagues?
b) Service organizations?
c) Athletic teams?

D. Facilities/Logistical Information

1) Are there rooms or facilities within the workplace where mass meetings can be held?

2) Are there rooms or facilities within the workplace where small group sessions or conferences can be held?

3) Are there meeting rooms available in an accessible union hall?

4) Are there times during the day when meetings with workers are feasible?

5) Are there any precedents for meeting with workers on-site about non-work related issues?

6. Relevant Resources in the Community

A. History of Plant Relations With Community

1) Have there been any prior connections between the plant and human services providers in the community? In what areas? Can they be drawn upon to assist in this situation?

2) Has the plant, via public or community relations programs, been involved in community affairs? Are these networks of relations useful in responding to the current crisis?

B. Other Available Resources

1) What other agencies or organizations in the area might join in in responding to the layoff?

2) What other agencies or organizations in the area need to be included in any program designed?

3) What other agencies or organizations are likely to collaborate?

   a) With whom do you have prior working relationships?
   b) With whom are there historical competitiveness and antagonisms that might obstruct planning and delivery of services?
   c) With whom do you have connections that might be cultivated for this purpose?

4) Are there sites or locations outside of the plant that can be used for program delivery (e.g., churches, community schools, community centers, community colleges, offices of other agencies, etc.)?

5) Are there already ongoing programs--either formal or informal--that can be utilized or expanded?

a) Do there already exist job finding skills courses through Adult Education, CETA, or other community programs?

b) Do other organizations currently sponsor stress management, assertiveness training, parenting education or other relevant survival skills courses?

c) Are there already existing barter programs, food coops, skills exchange networks, or related alternative economic systems that can be utilized?

6) Who can assist with costs of printing or duplication of written materials and instructions?

II. ASSESSMENT GUIDE
FOR
PRE-LAYOFF PROGRAM PLANNING

ORGANIZATION:

Name of Plant:

Address:

Major Product(s):

Anticipated Layoff Date:

MANAGEMENT CONTACTS

Plant	Headquarter's Person Responsible for:	Phone No.	Date Contacted
Employee Relations			

Assigned Responsibility With Respect to Layoff:

Plant Manager:

Personnel Director:

Benefits Representative:

Medical Director:

Labor Relations Director:

What are they trying to accomplish?

What do they want from the community (mental health) team?

What do they want to accomplish?

How do they perceive community (mental health) team?

Assessment Guide
Pre-Layoff for Program Planning

Page 2

UNION CONTACTS	Phone No.	Date Contacted	X Inform + Involve
Headquarter's Person:			
Regional Director:			
Regional Educational Director:			
Local President:			
Officers:			

Committeemen/Stewards- List Attached ( )

What are they trying to accomplish?

What do they want to accomplish?

How do they perceive community (mental health) team?

What do they want from community (mental health) team?

EMPLOYEE/LAYOFF INFORMATION

Number of Employees ( ) Number to be laid off ( )

Salary Workers ( ) Hourly Workers ( )

Comments:

Timeframe For Layoff ( )

Timeframe For Worker Notification of Layoff ( )

Expectation of Call-Back ( )

Estimated % (number of laid off employees who are:

Black (________) White (________) Men (__________) Women (___________)

Latino (_________) Young Families (________) 50+ Early Retirement (___________)

30 And Out (_________) Other (____________)

Comments:

____

____

Where Do Employees Live?

____

____

UNION/MANAGEMENT RELATIONS:

Is there a joint statement related to layoffs: No (__) Yes (__)

Strike History: When?____

How Long?____

Backlog of Grievances ____

____

Union/Management participation expected: Jointly (___) Separately (__)

With Union Only (___)

Current Plant Interventions:

What are the current plans in helping workers who are going to be laid off? (i.e., explaining benefits, holding classes, making referrals, etc.)?

____

____

____

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Will time and/or money be made available for outplacement/layoff counseling?
Briefly describe the current plan:

____

____

____

Are there any In-House teams, groups, etc. (e.g., bowling leagues, newsletters, physical education classes, etc.)? Yes (___) No (___)

What kinds of activities?

____

____

____

Is there child care available? Yes (___) No (____) Other (________________)

LOGISTICAL INFORMATION

Capacity of meeting rooms in plant?________________________________

In-union hall?____

Can meetings be scheduled:

During working hours: Yes (__) No (__) Times:______________________

During Off hours? Yes (__) No (__) Time for Lunch_________________
Time for Breaks_________________
Shift Changes__________________
(Overlaps?)____________________

During OSHA accident, safety time? Yes (__) No (__)

2-24-81

APPENDIX B

GENERIC FORMAT FOR INFORMATION AND RESOURCE GUIDE

I. INTRODUCTION

If you are like so many workers who have lost or about to lose their jobs due to layoffs or plant closings, you may be asking yourself a number of important questions. "What am I going to do now?" "What will happen to my family?" "What about bills and my home?" "Is there anyone out there to help me?" These questions are natural reactions to one of the most difficult problems people face. The uncertainties that come with unemployment can trigger many emotional responses: Feelings of rejection, anger, fear or resentment are frequently experienced. These, in turn, will often lead to anxiety and depression. If you are now or will soon be, unemployed and you find yourself experiencing these emotions, you should recognize that you are not alone. The unemployed, in today's troubled economy, are victims of the problems of a complex society. You did not bring this problem upon yourself. There is little you might have done to avoid it. But now that you are here, you might want to think of what you should or could be doing.

II. THINKING AHEAD--DON'T WAIT FOR TROUBLE

Your Family

Unemployment is felt by your family as much as you. They may feel just as uncertain and afraid as you, but they can also be the strongest support you have. Don't try to take the problems on all by yourself--don't lock your family out. Let them know how you feel. Plan with them. And talk about the problems you are all experiencing, together. What begins as a sharing of concerns can turn out to be a sharing of ideas that will help you become better able to deal with these difficult times.

Your Home

Your home is often the most important possession you have. If maintaining your mortgage is going to be a problem, call your bank right away. You can often arrange for different or delayed payments by discussing your predicament directly with bank officials. Do not wait for the moment of foreclosure.

If you cannot make such arrangements, and you have an FHA-incurred mortgage, contact the U.S. Department of Housing and Urban Development. Persons with a VA mortgage or land contract can contact the VA Loan Service and Claims Section for similar assistance.

Your Utilities

You may find that other bills are falling behind in addition to your mortgage payments. In the event that you receive a utility bill that you cannot pay within the time allowed, contact the Customer Service Department of your gas, electric or telephone company before the bills become due. You may be able to arrange a payment plan based on the amount of the bill, your history of payments and your current financial resources. Particularly in the event of a medical emergency in your home, shut-offs may be postponed.

Your Benefits

Most people who have been laid off or have lost their steady work are eligible for unemployment insurance. Veterans and retirees who are unemployed may qualify for additional assistance, as well. Unemployment benefits are not charity payments. They are benefits you have earned while putting in working time. For eligibility and application information, check your phone book for the State Employment Services Office nearest your home, pick up your telephone and call.

Your Rights

There are a large number of publicly funded service programs to assist you. Agencies and organizations in your own community can help you in dealing with needs or problems relating to housing, shelter, utilities, health care, jobs training, job seeks and emotional support. Many of these programs exist as a consequence of state or federal law. You have helped to keep them going with your own hard-earned tax dollars. Now that you're in this hopefully temporary situation, you should not hesitate to call on them for help. You've invested in these services for many years. It is your right to claim your dividend now that you may need them. A list of some of these services is included later in this pamphlet. Numbers can always be found in your local phone directory.

REMEMBER---

You are not alone. There may be more opportunities than you know, and you may have more options than you think. Often, the best way to find out is to talk to others experiencing the same problems you are. Talk with friends and co-workers; attend job club meetings; call your union or plant office--and ask questions.

APPENDIX C

"ALL YOU NEED TO KNOW WHILE YOU ARE UNEMPLOYED"-- A GUIDE TO RESOURCES AND ACTIVITIES

Prepared by: New Center Community Mental Health Services
Consultation and Education Unit
February, 1981

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I. Community Resources and Services

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V. Recreational and Leisure Time Activities

I. Community Resources and Services

Service	Phone/Service Hours	Type of Service
T.I.P. (The Information Place) Detroit Public Library	833-4000 Monday-Saturday 9:30AM-5:30PM Wednesday 9:00AM-9:00PM	Provides information and referral services to callers depending on their specific needs.
Community Information Service United Community Services	833-3430 24 hour	Provides comprehensive information and referral services on institutions offering direct social services.
Community Services Guide UAW	926-5513 Monday-Friday 9:00AM-5:00PM	Provides information regarding benefits for the unemployed (e.g., unemployment compensation, social security, legal aid, etc.)
E.T.S. (Emergency Telephone Service)	224-7000 24 hour	A 24 hour hotline for all types of crises.
United Community Housing Coalition	963-3310 Monday-Friday 9:00AM-5:00PM	Provides help with housing related problems (e.g., evictions, utility disputes, finding housing, etc.)
Tel-Help Community Information Service	833-4466 Monday-Friday 8:30AM-8:30PM Saturday 10:00AM-4:00PM	Taped messages on topics relating to the needs of the unemployed (e.g., utility problems, food stamps, family violence, stress, etc.)
Tel-Med	393-1976 Monday-Friday 11:00AM-9:00PM Saturady 11:00AM-7:00PM	Taped messages on topics relating to medicine.
Tel-Law Detroit Bar Association	962-1000 24 hour	Provides fifty taped messages on various legal topics (e.g., workers' compensation, debts collection and wage garnishment, applying for credit, etc.)
Downriver Unemployment Hotline Downriver Community	283-9700 24 hour 383-9000 after 5:00PM	Provides general information relating to the needs of the unemployed. Also provides information regarding CETA positions and other job referral services.

II. Social Services

Contact your local Department of Social Services at 256-1780 or 256-1111 for information on eligibility criteria for receiving the following aid:

Aid to Dependent Children (ADC) - for person who is the parent or relative of a needy child living with them and responsible for his/her care and support.

Wayne County - 256-1780; Mt. Clemens - 469-7700
Sterling Heights - 254-1500; Warren - 574-1400

Food Stamps - for persons who work for low wages; are unemployed or work part-time; receive welfare or other assistance payments, are elderly or disabled and live on a small income.

Wayne County - 256-6385; Oakland County - 858-1603
Washtenaw County - 994-1863; Monroe County - 241-6211
Macomb County - 469-7448

Emergency Needs Program - for persons in need of emergency help (i.e., food, clothing, rent, house payments, shelter, utility payments, taxes, security deposits, home repairs, appliances, furniture, transportation, etc.)

256-1780

General Assistance (GA) - for persons who do not qualify for other public aid. The program offers financial assistance and out-patient medical care.

256-1780

Medical Assistance (MA) - for persons in need of a variety of medical services.

256-1780

Unemployment Insurance - for persons who have been laid off or lost their jobs. Veterans or retirees also qualify for unemployment insurance benefits.

DETROIT - Downtown - 2770 Park - 256-3550
Eastside - 4729 Conner - 822-9500
Midtown - 8600 Woodward - 873-6284
Northeast - 13303 E. McNichols - 527-6700
Northside - 4321 E. McNichols - 891-4306
Northwest - 13501 Schafer Highway - 838-9710
Westside - 4501 Michigan - 897-2700

SUBURBAN - Dearborn - 1185 Monroe - 565-8300
Livonia - 28003 W. Eight Mile Road - 476-5980
Plymouth - 8825 General Drive - 453-3520
Romulus - 38333 Van Born - 721-5000
Royal Oak - 737 S. Washington - 548-7404
Sterling Heights - 37250 Van Dyke - 939-9650
Taylor - 21205 Eureka - 287-2121

II. Social Services (continued)

Social Security Benefits - for persons who qualify for retirement, survivors or disability benefits. Retirement benefits are for persons sixty-two (62) and over. Survivors benefits are for disabled widows/widowers, age 50 and over. Also eligible are widows of any age with children under 18, and a parent who depended on a deceased child for more than half of his/her support. Disability benefits are for persons who have a severe physical or mental condition that prevents working and is expected to last at least twelve months.

483-1111

Supplemental Security Income (SSI) - for persons 65 or older, or blind or disabled persons of any age. Persons whose monthly income is less than $20.00 or whose monthly wages are less than $65.00 can also qualify for full SSI payments. Check with the nearest Social Security office to determine whether you and your family qualify for benefits.

Utility Assistance - for persons who are unable to pay past due gas and electric bills, and are threatened with disconnection. Eligibility is determined by annual income. A Neighborhood Services, Department of Energy Assistance Program.

Detroit - 224-7814; Taylor - 292-2110; Highland Park - 864-8755
Hamtramck - 875-4419

Legal Services - for persons in need of legal counseling. Contact the main office at 3500 Cadillac Tower, Detroit. Phone 962-9015 for referral to the office nearest to your home. Persons over 60 years of age can call Senior Citizen Legal Aid Project - 964-5310.

Mortgage Arrangements - for persons who are unable to meet mortgage payment because of unemployment, an extended strike, illness, or other circumstances beyond their control.

926-5513

Credit Counseling - for persons in need of professional counseling on money management. Call 557-7902 or 569-3715 for referral to the office nearest you.

III. Training and Re-Training

Making a career change is another way to solve your unemployment problems. You will need training, however. Your local school district offers adult community education programs which are usually available at little or no cost. The following list provides the location and phone numbers for the various training and G.E.D. preparation programs in Detroit.

High School Completion and Vocational Training

Name	Address	Nights Open	Phone
Central	2425 Tuxedo	MTWTh	868-8307
Chadsey	5335 Martin	MTW	361-1400
Cody	18445 Cathedral	MTWTh	836-6584
Cooley	15055 Hubble	MTWTh	835-3200
Denby	12800 Kelly Road	MTWTh	521-4480
Ford	20000 Evergreen	MTWTh	535-8200
King	3200 E. Lafayette	TWTh	567-4844
Mackenzie	9275 Wyoming	MTWTh	834-4830
Mumford	17525 Wyoming	MTWTh	341-2784
Northern	9026 Woodward	MTW	871-8755
Northwestern	6300 Grand River	MTWTh	895-1865
Osborn	11600 E. Seven Mile	MTW	372-8920
Southeastern	3030 Fairview	MTW	822-6547
Trombly Adult Day (Day Classes Only)	7620 Harper	MTWTh	923-3540
Western	1500 Scotten	TTh	554-2337

Basic Education and G.E.D. Preparation

Location	Address	Days/Nights Open	Phone
Adult Outreach (Secondary)	2139 Trombly	MTWThF	873-3364
Majeske Adult Center	2139 Trombly	MTWThF	873-5515
Ruthruff Adult Center	6311 Chicago	MTWThF	931-3999
Urban Adult Education Institute (UAEI)	9027 John C. Lodge	MTWThF	871-7828

Arrangements may be made to take the G.E.D. test at the following locations:

G.E.D. Test Center	6311 Chicago	MTWThF	931-6990
Urban Adult Education Institute	9027 John C. Lodge		871-7828
Detroit Urban League John C. Dancy Street Academy	7811 Oakland		873-3949

III. Training and Re-Training

Apprenticeship Training Programs

Your local M.E.S.C. (Michigan Employment Security Commission) office has a assigned person to provide information on apprenticeship training programs in the Michigan area. Contact the M.E.S.C. branch nearest you for details. A full listing of M.E.S.C. branch offices are on pages 4 and 5 of this booklet.

Detroit Public Schools, Trade V Vocational Schools

Aero Mechanics Vocational	571-3200
Apprentice Training, Construction Trades	873-5515
Chadsey Trade - Commercial Foods	361-1120
Dancy Adult Day School	923-3540
Detroit Practical Nursing Center	831-3810
Washington Careers Center	868-0500

CETA (Comprehensive Employment and Training Assistance)

Eligibility and Intake Information	224-6006

IV. Domestic Violence Referral Service

For Emergency Shelter for Children/Adolescents:

Detroit Transit Alternative	821-8800
Salvation Army	833-0772
Department of Social Services (24 hour hotline)	256-1510

Battered Spouse:

Temporary shelter and/or assistance is provided by the following organizations for battered spouses:

Interim House - YWCA	962-5077
Harbor (a network of domestic violence shelters)	1-800-292-3925
Women in Transition	963-6633
Salvation Army Emergency Shelter for Women and Children	962-2100
Women's Justice Center (for legal information)	961-7073

Studies show that unemployment causes additional stress to the family. Child abuse and incidences of battered wives become much more prevalent as a result of this added tension. Thus, this section has been included for referral information in assisting families who are experiencing domestic violence.

Child Abuse

To report a case:

Police Emergency	911
Detroit Police Department Child Abuse Unit	224-1240 or 41
Protective Services	256-9661

For Counselling and/or Help:

Parents Anonymous	237-0943
Child/Family Center	571-1780
Family Services	833-3733

V. Recreational and Leisure Time Activities

Inexpensive things to do while you are unemployed.

Free (or just about)

a. Things to do any season:

- Jogging
- Watching and discussing a T.V. show
- Family meetings and gatherings
- Play games (cards or board games)
- Attending a church function
- Family contests (cooking, jokes, charades, etc.)
- Visiting museums
- Going to an auction or garage sale
- Attending convention center activities
- Family walks
- Sharing a hobby

b. Seasonal activities:

- Hiking
- Bike Riding
- Picnicing
- Kite Flying
- Visiting a park
- Planting a garden
- Going fishing
- Swimming

Children's Activities

	Activity	Cost
1.	Children's Museum 67 E. Kirby Phone: 494-1210 Hours: Monday-Friday 1:00PM-4:00PM	Free
2.	Children's Zoo Hours: Daily 10:00AM-5:00PM	13 years and up - $1.50 6 to 12 years - .50 5 years and under - Free
3.	Children's Farm Keatington Antique Village and Farm Zoo Joslyn Court; Lake Orion Phone: 391-1004 Hours: Saturday and Sunday 12:00PM-5:00PM	Village - Free Children - $ .50 Adults - 1.00
4.	Detroit Public Library 5201 Woodward; Detroit Library Events Dateline: 833-1722	Free

Films and a variety of programs for school age children.

Family Activities

Activity	Cost
1. Detroit Zoological Park 8450 W. Ten Mile Road; Royal Oak Phone: 398-0900 Hours: Daily 10:00AM-5:00PM Parking: $2.00/car, $5.00/bus Free admission on Fridays with a courtesy pass available at any Detroit Neighborhood City Hall.	13 and over - $3.00 6 thru 12 - 1.00 5 and under- Free
2. Detroit Institute of Arts 5200 Woodward Avenue Phone: 833-7900 Hours: Tuesday-Sunday 9:30AM-5:30PM Closed Mondays and Holidays	Voluntary donations
3. International Institute 111 E. Kirby at John R. Phone: 871-8600 Hours: Monday-Thursday 8:30AM-9:00PM Friday 8:30AM-5:00PM	Free to view permanent displays.
4. Pewabic Pottery 10125 E. Jefferson Phone: 822-0954 Hours: Monday-Saturday 12:00PM-4:30PM (Monday thru Friday only during August)	Free
5. Wayne State University Community Arts Gallery 450 W. Kirby Hours: Monday-Friday 9:00AM-9:00PM Saturday-Sunday 1:00PM-5:00PM	Free
. Your Heritage House 110 E. Ferry Phone: 871-1667 Hours: Monday-Friday 10:00AM-4:00PM	
Offers 8 week workshops in dance, creative writing, puppetry, ceramics and piano.	Cost varies depending on class.
7 Belle Isle Aquarium Phone: 224-1184 Hours: 10:00AM-5:30PM	Free
Dossin Great Lakes Museum Hours: Wednesday-Sunday 10:00AM-5:45PM	Free
Nature Interpretive Center Hours: Tuesday-Sunday 10:00AM-5:30PM	Free
Flowers Conservator Hours: Daily 9:00AM-5;00PM	Free

Family Activities continued

Activity	Cost
8. Afro-American Museum 1553 W. Grand Boulevard Phone: 899-2500 Hours: Monday-Friday 9:00AM-5:00PM	Adults - $ .50 Children - .25
9. Detroit Historical Museum 5401 Woodward Phone: 833-1805 Hours: Tuesday, Thursday, Friday, Saturday 9:30AM-5:00PM Wednesday 1:00PM-9:00PM Sunday 1:00PM-5:00PM	Voluntary donations. Suggested: Adults - $ .50 Children - .25
10. Money Museum, National Bank of Detroit 200 Renaissance Center Phone: 446-0713 Hours: Monday-Thursday 9:30AM-4:00PM Friday 9:30AM-5:00PM	Free
11. Eastern Market 2934 Russell; Detroit Hours: Monday-Saturday 5:00AM	
12. Walking Tours:	
Greektown - Monroe between Beaubien and St. Antoine	Free
Grand Circus Park - Woodward Avenue and Washington Blvd.	Free
Hart Plaza - Dodge Fountain, west of Renaissance Center. Summer ethnic festivals are featured here.	Free
Harmonie Plaza - one block southwest of Madison on Grand River. Featuring Artist's Market, Art Galleries and specialty shops.	
Civic Center	Free
Jefferson Avenue	
Renaissance Center Old Mariners Church Hart Plaza - Dodge Fountain Ford Auditorium City County Building - "Spirit of Detroit" bronze figure Michigan Consolidated Gas Company Building and bronze figure "Passo Di Danza"	

Family Activities continued

Activity	Cost
Walking Tours continued Veteran's Memorial Building Cobo Hall - "The Spirit of Transportation" bronze figure Joe Louis Arena	
Kennedy Square	Free
The Heart of Downtown - Woodward Avenue between Gratiot and Michigan	
Art Exhibits - Federal Building, 1st Floor Gallery	
Detroit Plaza Hotel (self-tour) Renaissance Center Detroit Riverfront Phone: 568-8352	
Fisher Body (G.M.) 28400 Plymouth Road; Livonia Phone: 522-4200, ext. 224 Call for hours.	Free
Ford Motor Company Rouge Plant Michigan Avenue and Southfield; Dearborn Phone: 322-0034 Hours: Monday-Friday 9:30, 11:30, 1:30, 3:30	Free
General Motors Technical Center Mound Road and 12 Mile Road; Warren Phone: 556-4444 Call for hours.	Free
Pontiac Silverdome Opdyke and M-59 Roads 200 Featherstone; Pontiac Phone: 857-7700 Call for hours.	Free
Stroh's Brewery 909 E. Elizabeth; Detroit Phone: 567-4000 Hours: Monday-Friday every half hour from 9:00AM-3:00PM	Free Children under 18 must be accompanied by parent or guardian.

Family Activities continued

	Activity	Cost
13.	Historic Neighborhoods Contact: Department of Public Information Phone: 224-3755 for a free copy of "Detroit: A City of Neighborhoods" - a guide to 20 historic neighborhoods in the city of Detroit.	Free
14.	Detroit Science Center 52 E. Forest, John R. near Warren; Detroit Phone: 833-1892 Hours: Tuesday-Friday 9:00AM-4:00PM Saturday 10:00AM-5:00PM Sunday 12:00PM-5:00PM Friday, Saturday and Sunday evening 7:00PM-9:30PM	6 years and up - $2.50 4 and 5 year olds - 1.00
15.	Fishing - There are three fishing wharves along the shores of Belle Isle, several riverfront boat launching sites and a marina. Phone: 224-1190	
16.	Parks - For more information on parks in this area, check your city's Park and Recreation Department. See also recreation for Detroit Recreation Districts. Huron-Clinton Metropolitan Authority operates 10 metroparks in Southeast Michigan. These include: Metro Beach - Mt. Clemens - Phone: 463-4581 Stony Creek - Utica/Rochester - Phone: 781-4242 Marshbank - near Pontiac - contact Kensington Kensington - Milford - Phone: 685-1561 Hudson Mills - northwest of Ann Arbor - Phone: 426-8211 Dexter-Huron - " " " " " Delhi - " " " " " Lower Huron - Belleville - Phone: 697-9181 Willow - between New Boston and Flat Rock - contact Lower Huron Oakwoods - near Flat Rock - Phone: 782-1255 Required are 1981 Metropark Vehicle Entry Permits; (Annual - $7.00, Senior Citizens Annual $2.00, Daily $2.00). Additional fees for boat launching. Variety of programs and things to do. Dancing under the stars on Saturday evenings at Metro and Willow, golf archery, swimming, nature trails, fishing, picnics, playgrounds, canoeing, etc.	

Family Activities continued

Activity

Parks continued

Macomb County Park

Dollier - Galinee County Park
1500 Metropolitan Parkway - 16 Mile near Utica Road
Sterling Heights
Phone: 979-8750

Oakland County Parks and Recreation

Administrative offices and information
Phone: 858-0906

Addison Oaks - 1480 W. Romeo Road, Oxford - Phone: 693-2432
Groveland Oaks - 5990 Grange Hall Road, Holly - Phone: 634-9811
Springfield Oaks - Youth Activities Center
12450 Andersonville Road, Davisburg - Phone: 625-8133
Golf Course Phone: 625-2540
Waterford Oaks Activities Center - 2800 Watkins Lake Road,
Pontiac - Phone: 858-0913
Wave Pool - 1702 Scott Lake Road, Pontiac - Phone: 858-0918
White Lakes Golf Course - 991 N. Williams Lake Road, Waterford
Phone: 698-2700

Independence Oaks - 9501 Sashabaw Road, Clarkston - Phone: 625-0877
Glen Oaks (Golf) - 30500 W. 13 Mile Road, Farmington Hills
Phone: 851-8356
Red Oaks (Golf) - 29600 John R., Madison Heights - Phone: 541-5030

Oakland County Parks and Recreation offers clown performances, horse and antique shows, golf and tennis tournaments.

Admission: $2.00/vehicle - residents (Oakland County)
$3.00/vehicle - non-residents

APPENDIX D

PROBLEM-SOLVING SKILLS TRAINING MODULE

PROBLEM-SOLVING SKILLS

Objectives of This Session

During this session we will continue problem-solving and develop an action plan. By the end of the session, you will know:

- What to do if you think you are not going to be able to meet your mortgage payment
- What to do if you are not going to be able to meet your utility bills
- What community agencies might be able to help you
- Ways to keep going while you are unemployed
- The job find club
- And finally, your action plan.

First let's talk about mortage payments and car payments. What do you do to keep from losing your house or your car? (...keep up the payments)
What should you do if you think you're not going to have enough money? Right. You go talk to the bank. They can make arrangements for a reduction in your payments for a limited period (120 days). It's important, though, to talk with them before you miss a payment.

So one of the dates you want to mark on your action plan, is the month when you think you're going to have difficulty meeting your payments.

What should you do if you run into problems? What community agencies are available to help you?

We've talked about crises and how to meet them. Let's pull back a little and talk about ways to keep going while you're unemployed.

When cash is limited, what do you do?

YOU JOIN THE UNDERGROUND ECONOMY.
YOU BARTER.
YOU ORGANIZE A SURVIVAL CLUB.

You're unemployed, but there are still people who are working. They need houses cleaned and repairs made. What can you do that people need? Put your skills to work. It won't replace your paycheck--but every little bit helps.

You trade services. Maybe you can offer your dentist a car repair or a paint job.

You organize yourselves to help each other. A survival club is designed to keep you going, and your family going without money or for less money. You can set up a clothing exchange. You can trade babysitting. You can trade house repairs for car repairs. You can figure out together the best way to turn assets into cash. You can buy food wholesale and share the savings.

You pool your skills and you help each other problem-solve. You help each other--you're not trying to go it alone!

The real issue though is not just surviving--it's getting back into a job. What do you need to job hunt successfully in a time like this?

1. You need to make some decisions about what kind of a job you're looking for. About whether you're going to job hunt around Detroit, or are you going to try some other state.

2. You need some skills. How to present yourself on paper. How to present yourself over the telephone. How to interview.

3. You need some job leads. How do you go about that? (e.g., Newspapers, MESC, Tips from friends, going to personnel offices).

   You can't just depend on the newspapers on MESC. You're most likely to find a job when a friend or relative tells you about an opening and recommends you. A lot of jobs, too, never get advertised.

   The more contacts you make, the sooner you're going to find one that turns out to be YOUR job.

But it's hard to keep going after being turned down.

The best device to help you job hunt is the Job Find Club. The Job Find Club is a place where you come every day to decide what you're going to do and how to do it. And you report back the next day on what happened during yesterday's interviews. The Job Find Club members help each other with job hunting skills. They keep each other from getting discouraged.

There are job find clubs going at the following locations: (Give out sheet with names, addresses, etc.) (And/or indicate union plans to run a job club.)

The Action Plan

We've covered a lot of stuff in these sessions. Now I'd like to put it all together with you into an ACTION PLAN. What are you going to do? Remember, you're in control!

MY ACTION PLAN

MY BENEFITS	WHAT I NEED TO KNOW	WHAT I NEED TO DO
MY FAMILY		
KEEPING AFLOAT		
JOB HUNTING	WHEN, WHERE, HOW	

APPENDIX E

ASSERTIVENESS TRAINING
FOR JOB HUNTERS

This segment on Assertiveness Training for job hunters has been designed to assist workers in securing new employment and in applying assertive qualities in other unemployment situations (e.g. unemployment lines, home ETC.).

Major focus should be placed upon differences between assertiveness, non-assertive behaviors (passive), and aggressive behavior. These points may be further discussed through the three role plays provided on interviewing.

It should be stressed that assertive behavior in job seeking situations will enable the employee to be comfortable about his/her own strong qualities and project this confidence in interviewing situations.

It is important to communicate that the employee may have to apply for jobs at a couple dozen places - that this is unfortunate, but "the only game in town". Thinking that the situation is unfair will only cause the employee to quit trying to find another job. It is also good practice to keep track of questions that are asked in interviews: These questions will probably come up again.

Persistance is extremely important when contacting and re-contacting potential employers.

ASSERTIVENESS TRAINING

Sample Role Plays

Non-Assertive

Interviewer (I)	I'll be frank with you. I'm probably going to have 200 people applying for this job. Why should I hire you?
Employee (E)	Well, I really need the job (Everyone needs the job, what makes you special for the job?)
I:	Lists some qualities - he/she is looking for.
(E):	Gee, I really haven't done much of that, but I'd be willing to try.
I:	I see here that you weren't working from 1977 - 79. What's the problem?
(E):	I guess things were really rough. Just couldn't find anything. I had all this back trouble that was really flaring up. I really was trying to find work but... (Don't run on with excuses as it will make you seem like a bad risk.)

ASSERTIVENESS TRAINING

Sample Role Plays

Aggressive

Interviewer (I): I'll be frank with you. I'm probably going to have 200 people applying for this job. Why should I hire you?

(E): Why shouldn't you. I just as good as anyone else.

I: Lists some qualities - he/she is looking for.

(E): Just give me a chance O.K.? I'll show you. (hostile tone of voice)

I: I see here that you weren't working from 1977 - 79. What's the problem?

(E): Listen, that's really none of your business. I'll take care of it - don't you worry about it.

ASSERTIVENESS TRAINING

Sample Role Plays

Assertive

Interviewer (I): I'll be frank with you. I'm probably going to have 200 people applying for this job. Why should I hire you?

(E): Well, I can say that I've worked regularly for the last eight years. I had very few sick days and was on time. In the eight years that I was working I did a large variety of work so I'm sure I could handle the job. What type of person are you looking for, for this job?

I: Lists some qualities - he/she is looking for.

(E): I've done something similar to that (go into detail).

I: I see here that you weren't working from 1977 - 79. What's the problem?

(E): I had some difficulties at that time. Thankfully, I've cleared those up and that won't be a problem now.

(If the Interviewer wants specifics - let them ask. You don't owe them a detailed explanation of the past, only what you can do for them now.)

ASSERTIVENESS TRAINING

Sample Role Play

Gatekeepers

Gatekeeper (G): Hello,________________ Co. Can I help you?

(E): Yes, I'm calling about the job listed in the paper for _______.

G: Well, we've had about 200 applicants already call for this job - so it doesn't look good.

(E): That's O.K., I'd still like to get an application or apply in person.

G: Well, all my applications are gone - call back tomorrow.

(E): Is there someone else I can speak to about this job.

G: No, I'm handling this.

(E): Who is your supervisor?

G: I said I'm handling this - and he can't be bothered right now.

(E): What is his name?

G: Well - alright Mr.________________.

(E): Thank you.

SOMETIME LATER...

G: Hello,__________________Co. Can I help you.

(E): I'd like to speak to Mr.___________.

ASSERTIVENESS TRAINING

Sample Role Play

MESC Office

MESC Worker: It looks like you don't have your driver's license - go get it and come back.

(E): What do you mean? I've been waiting in this line for 2 hours - can't you do something right now?

W: No, go get it and come back - now - you're wasting my time.

(E): Do I have to wait in line again?

W: Yeah!

(E): Well, I'm not leaving until you tell me exactly what I need to bring with me.

W: It's all in the book - now move on...

(E): What book?

W: The MESC book.

(E): Well, where can I find it?

W: Look, I've got problems of my own - now, the book is on the table over there.

(E): If I follow what the book says - I won't have anymore problems?

W: No, everything will be in order.

(E): Alright, I'll be back later.

TABLE 1

Assertiveness vs. Bragging

Assertiveness	Bragging
Standing up and Speaking up for yourself without putting other people down.	Putting yourself up and others down "I'm better than you".
Listing or stating your strong points.	Listing or stating your strong points at the expense of others "of course I can do a better job than "s/he" can - I'm dependable - he's a jerk".

TABLE 2

Strong Points or Qualities

List Your Strong Personal Qualities	List Your Strong Professional Qualities
(honest, dependable, few sick days ETC.)	(welding for 8 years, on time ETC.)

TABLE 3

Practice Sessions

1. Practice presenting your positive points (professional and personal) to a friend or spouse in 3 or 4 sentences. At first you'll feel silly, but keep practicing until you feel comfortable talking about your strong points. (Don't forget qualities "everyone" has such as being dependable, honest, few sick days - "everyone" doesn't have these qualities).

2. Think out what you say - in advance - just like in a doctors office - if you don't, you are likely to forget several things you wanted to say.

3. Remember, practicing and thinking things out in advance will make you more comfortable in the job interview.

APPENDIX F

STRESS MANAGEMENT THROUGH SOCIAL SIMULATIONS

SOCIAL SIMULATIONS IS A PRESENTATION TECHNIQUE THAT USES DRAMA, COMEDY, ETC. TO PRESENT SOCIAL ISSUES AND REAL LIFE SITUATIONS TO AN AUDIENCE. SHORT SCENES ARE DEVELOPED THAT FOCUS ON A SPECIFIC THOUGHT, ATTITUDE OR THEME.

One of the most significant aspects in the use of a social simulation is that you only try to develop one point in a specific scene. Usually, one needs two or three "sims" to portray the same point and the point thus becomes illustrated in different ways.

Role of Facilitator:

The facilitator's role is very critical in the use of social simulations. First of all, the facilitator must set the stage for the scenario. He/she introduces the character and lays the setting.

Secondly, the facilitator must follow the scenario and stop the action at its most critical point. Sometimes, one can follow a script, but at times, you just have to follow the scene and pick the critical moment.

Third, the facilitator has to be able to work the audience, and to use the audience to bring out the point of the simulations. (Scripting for possible social simulations follows this brief discussion.)

The point of these sims is appreciation of the participants of the feelings of frustration and impotence experienced by the unemployed worker. He feels as if he is not providing for his family in a way in which he is accustomed to receiving gratification; his wife is unavailable to him and he is not doing a good enough job in the critical areas in which he is working, so that his children are not appreciating him.

The facilitator's job is to enable the audience to aid the actors to change their ways of interacting together so that there are more alternatives than the ones presented. It is critical that the audience recognize that none of the family members are to blame, but that the stress of the current situation has rendered them incapable of supporting each other.

When the facilitator responds to the audience he/she can allow them to ask questions of the participants (actors); the actors must remain in role throughout. However, there can't be too many "WHY" questions. The primary function is to change the current functioning and give the actors alternative behaviors. Arguing with them won't change too much, nor will rehashing the past. We have presented a scenario that is very common and their task is to help the individuals involved get out of the situation and change their own environments.

The facilitator can also encourage the audience to play the roles themselves--this sometimes has a very powerful effect.

The facilitator must know what the basic point of the sim is and work to bring out that point, regardless of all the other good points (e.g., dad feels hlepless and unappreciated and so does mom).

"YOU ARE THE BOSS"

Start with brief discussion of impact of unemployment on family life--about 15 minute content presentation on phases, both individual and family. Follow with "sims" below:

SCENARIO I

Scenario: Dad, who is unemployed, is at home, making dinner. Wife, who has traditionally been either at home or working part-time, comes home. Kids are around.

Mom: Oh, am I tired. It's been a long day.

Dad: I'm kind of tired too--been looking for work, but there is nothing really out there. Hey, want to go to Joe and Nancy's to play cards tonight?

Mom: No, I'm much too tired after working a full day--you should understand that.

Dad: Yeah, I do, but it's just that I'm getting kind of bored with not much to do.

Mom: Well, there's plenty to do around here if you want to--I NOTICE THAT THE LIVING ROOM STILL NEEDS PAINTING AND THE LAUNDRY ISN'T DONE.

Dad: I'm doing the best I can, but that gets to be kind of a drag after awhile. I'm used to being around people all day.

Mom: Well, now you know how I used to feel--why can't you just appreciate what I'm doing instead of complaining all the time.

Dad: I do appreciate it, but I still get kind of lonely and you're always too tired to talk to me. You don't want sex so much and I feel left out.

Mom: Sex, sex, that's all you ever think of--can't you just grow up and be a man? You want me to work all day, support the family, help the kids with homework when I come home and then be a playboy bunny for you too. Well, I'm sick of it.

Dad: All right, all right, let's have dinner. I'm sorry.

Family sits down to dinner.

Kid 1: God, this is foul--is it burnt or something?

Dad: NO, it's not burned; eat it.

Kid 2: It really tastes gross. I don't want to eat this.

Dad: Shut up and eat. I'm sick of complaining.

Mom: Don't yell at them because they don't like dinner. If they don't want to eat they don't have to.

Kid 1: If you would only learn to cook like mom did, we wouldn't complain. Why don't you get a job and let mommy cook dinner.

Dad: Damn it, now leave the table, I don't want to hear any more.

ESCALATES

STOP

SCENARIO II

Dad is at home; adolescent son comes in after school, drops his books and leaves.

Dad: Hey, John, don't leave your books there.

John: All right, all right; I'll get them later.

Dad: Not later, now, and besides that you can't go anywhere until you do some of the chores we ask you to do. You have to take out the garbage, and mow the lawn.

John: I can't; the guys are hanging around waiting for me.

Dad: I'm sorry that they're hanging around, but they'll have to wait some more. These are your jobs and they've always been your jobs and I don't understand why you're getting so lazy lately.

John: Well, I'm tired of being a slave around here and having to do all his work and go to school and do homework; I have no time to be with my friends. I don't want to do that crap now.

Dad: WELL, THAT'S A SHAME, BUT YOU'RE STILL A PART OF THE HOUSEHOLD AND YOU'LL JUST HAVE TO DO THEM, LIKE IT OR NOT.

John: Damn! YOU ARE A NAG. Why don't you do those things. You do nothing all day and all you have to do is chores and pick up after us and nag us. You do them--you don't do anything else after all.

(SAID IN LOUD TERMS)

STOP

SCENARIO III

Dad sitting at home. In walks pretty adolescent daughter--obviously dad's favorite.

Dad: Hi, hon. How's your day going?

Roz: Oh, great dad. Listen, I am so excited. All of the kids are going roller skating and out to pizza on Friday night. We're going to meet at the roller skating rink and then we're going to the pizza parlor, and then all the girls are going to sleep at Mary Ellen's house and all the guys are going to sleep at Joe's home and we're going to talk on the phone and everything.

It really should be fun. This group hasn't done anything together yet in a long time.

Dad: Sounds terrific honey. Hope it's fun.

Roz: Oh, it will be . . . (casually). I think I'll need about 15 dollars--for the place and the skate rental and the pizza. I'd like a new outfit, but I don't think I need it.

Dad: Roz---I don't have 15 dollars.

Roz: Dad, why not? I haven't asked for money in a long time and you always pay for that sort of stuff.

Dad: I know, sweetie, but we don't have it. We barely have enough to meet our expenses these days and I just can't give you 15 dollars to play with. I wish I could, you know I do.

Roz: Oh, (looking really unhappy and on the verge of tears, but hanging in there) it's okay, daddy, I understand. It was selfish of me to ask you. I'm sorry.

Dad: I wish I could give it to you--you're a good girl and you always help out and you could use some fun, but I, I can't.

Roz: It's all right dad. (Kisses him on head, leaves the room with books)

DAD SITS THERE QUIETLY HOLDING HIS HEAD IN HIS HANDS. LEAVE THE SCENE FOR A FEW MINUTES BEFORE SAY STOP.

APPENDIX G

A MODEL FOR A WORKSHOP ON EARLY RETIREMENT OPTIONS

INTRODUCTORY MEETING: LOOKING AT RETIREMENT OPTIONS

Welcome and Introductions

Looking at Retirement Options

Review of Agenda for Group Sessions

- •Expectations--changes
- •Financial Planning
- •Legal Affairs
- •Health and Well-Being
- •Where to Live
- •Community Services
- •Leisure Time/New Careers

30 Minutes Questions and Discussion

Adjournment

Note: Plan for 2-hour sessions with break period.
Provide folders for handouts and notes.

SESSION 1

EXPECTATIONS AND CHANGES IN RETIREMENT

Welcome and Introductions

Establishing Goals and Objectives

What Do I Expect in Retirement? (Participant list)

Comparing Expectations with Experience

What to Expect Emotionally

Role Play or Social Simulations

Discussion and Summary

Note: Be prepared to outline goals and strategies and timetables for achieving goals.

SESSION 2

FINANCIAL PLANNING

Objectives of Financial Planning

Developing a Personal Financial Plan (estimating inflationary impact)

How Can You Estimate Expected Retirement Income?

- Social Security
- Plant Benefits
- Options and Implications of Part-Time Work
- Savings & Investments

Summary

Note: Use prepared financial planning guide for participants to fill out at home and Discuss at Beginning of Session 3.

SESSION 3

LEGAL AFFAIRS

(Questions from Financial Plan Activity)

Getting Your Records Together

Who Needs a Will?

When Do You Need a Lawyer? How Do You Find One?

Other Legal Issues

Summary

SESSION 4

HEALTH AND WELL BEING

Facts and Myths About Aging and Health

Handouts on Medical and Psychological Factors Regarding Aging

Taking Charge of Your Health

- Stress
- Exercise
- Diet

Summary

SESSION 5

WHERE TO LIVE

Developing a Personal Housing Plan

Living and Sharing with Children and/or Other Family Members

Checking Out the Community and Neighborhood

Checking Out the Home

Summary

SESSION 6

COMMUNITY SERVICES

Inventory of Local Services

- Educational and Vocational
- Recreational and Cultural
- Financial
- Health- Mental Health Related
- Social

Your Rights and Responsibilities as a Consumer of Services

SESSION 7

LEISURE TIME/NEW CAREERS

What does "Leisure" mean to you?

Slide/Tape: Leisure Time

Assessment of Activities

- What Do You Like and Why
- Activities that Contribute to Your Life

Identifying Jobs You Might Like

- Activities or Skills
- Evaluating Job Options

A Sample Week in Retirement

Your Personal Plan of Action

Summary and Evaluation

APPENDIX H

TRIGGER VIDEOTAPE: NOT WORKING
COMMUNITY DIALOGUE

"NOT WORKING"

The videotape "Not Working" was produced by the sponsoring and cooperating agencies of the Washtenaw United Way Community Forum. This 30 minute documentary was filmed and edited during August and September of 1980, and was taped entirely in Washtenaw County.

The videotape consists of interviews with agency staff at the Michigan Employment Securities Commission (MESC) and the Department of Social Services (DSS), and with unemployed individuals and their families at various locations in Washtenaw County. Locations include parks, residences, and neighborhoods, as well as the Washtenaw County Jail.

The purpose of this videotape is to present the spectrum of needs that emerge from the general problem of unemployment. The interview format allows individuals who are actually experiencing the stresses of unemployment to describe these problems in their own words. In this way, the viewer is given a perception of the actual impact of these problems on individuals and their lives.

It is expected that the videotape will be useful as a "trigger" for discussion and for problem-identification, which precedes problem-solving. (The 3/4 inch tape is available, on loan, from The Washtenaw County United Way).

APPENDIX I

What is the Community Forum?

In the spring of 1980, due to the rising rate of unemployment in Washtenaw County, and the accompanying rise in demand for services, informal contacts were initiated between Washtenaw United Way, Child and Family Services of Washtenaw County, and the Washtenaw County Community Mental Health Center to share information with one another about what was currently being done or what should be their collaborative responses to their community's need. As a result of several preliminary meetings, it was the clear consensus of the group that: 1) the services currently allocated to the unemployed were not adequate; 2) coordination of services could be improved; 3) the definition of the actual needs of the unemployed was inadequate and impressionistic at best; 4) a much wider community base was required to adequately impact upon the needs of the unemployed, and 5) needs of the unemployed cut across the normal means of service delivery as provided by the health, financial, and human service institutions of the community.

It was decided that, in addition to continuing the current level of service to the unemployed, a Community Forum process should be implemented in Washtenaw County in order to: a) more adequately identify the needs of the unemployed; b) broaden the base of participation of key community leaders and institutions attending to the problem; c) provide a more adequate means of communicating what is currently being done and where the gaps in services exist; d) establish a mechanism which can go beyond crisis response, by providing ongoing community-wide collaboration and coordination around the needs of the unemployed; and e) raise community awareness of the problems faced by various unemployed populations in the community.

The Community Forum approach, as defined by this group, is a structured group process which brings together a broad spectrum of relevant community leaders, in order to focus their attention on a broad-based community problem. The Forum provides the opportunity for: a) broad input in defining the unemployment problem, b) briefing of participants about the target population(s) at risk and ways to meet their needs, c) informal sharing of information among participants, d) focused problem solving in a well-defined number of areas, e) a follow-up questionnaire, which enables participants to prioritize the needs identified in the forum, f) involvement of participants in an ongoing process of addressing the primary problems identified. The Community Forum approach thus provides a legitimate informal needs assessment process, by gathering information from key community leaders and service providers.

As a means of broadening the information base associated with a complex issue, the Community Forum approach can be contrasted to the

Town Meeting approach in several ways. The Community Forum participants are invited rather than convened as a gathering of general citizens or the unemployed themselves. The Community Forum follows a structured format, which is geared toward addressing certain predetermined issues. By contrast, the Town Meeting approach is much more loosely structured and open in format and content. The Town Meeting is normally a single event and has little intention of going beyond itself. There is no effort to prioritize issues, and ventilation of problems can cause the mood of the Town Meeting to be tense or emotionally charged. It is often a technique used to "clear the air" around a politically sensitive issue in a well-defined political area. The Town Meeting approach is useful to gather a variety of views and citizen attitudes on a particular topic and may even mobilize some community support groups, which can later be used for support. However, issues cannot be gone into in depth as in the Community Forum approach, and not everyone can equally speak, since the most verbally assertive tend to dominate. The Community Forum approach has the advantage of obtaining a representative sample of key, knowledgeable leaders by advance invitation. In this particualr Forum, it was decided not to include unemployed individuals, although representatives of the population at risk may be invited and included in a Community Forum. The role of leadership is more crucial in the Town Meeting approach, because the moderator must be politically neutral and trusted as well as being skilled at handling groups and confrontation. Focusing the meeting and not letting it get "out of control" is important. Care must also be taken to prevent it from being controlled by a particular faction. The Community Forum moderator also has a clear "up front" role to play, but it involves focusing, keeping the session on schedule and clarifying. A team of facilitators is used to lead the small groups, which provide the opportunity for broad-based discussions and input. Expert input can be brought into the session via various methods; this Forum utilized the lecture format, with visual aids, as well as a T.V. trigger film prepared especially for the Forum, and a table of take-home resources.

As a means of assessing needs and setting priorities, the primary distinction between the Community Forum approach and what is called the Nominal Group Process lies in the fact that the Community Forum seeks only to define the problem and gather input via formal and informal discussions. It does not seek, during the course of the single event, to go on to involving participants in prioritizing the issues raised during the sessions. The Nominal Group process is effective in doing this and more efficient in accomplishing two separate things for the cost of only one called meeting. However, with relatively complicated issues, such as unemployment, it is inappropriate, because people get worn out; motivating them at the end of a long day into a prioritization process can be very difficult. Another problem is that when one is involving key community leaders and caregivers, one must be sensitive to the pressure on their schedules. It is not uncommon for attrition to take a heavy toll of participants during an all-day session and leave one questioning the prioritization process because 30-50 percent of the participants have been lost by the end of the day.

The primary advantage of the Community Forum is that it used an event to set in motion a process which can go beyond itself. Both the mailings and publicity which precede the Forum, as well as the proceedings and prioritization process which follows, provide the opportunity for continued, focused thought, planning, and publicity over a long period of time. In this way, it is well geared to the chronic types of community problems, which never go away but do vary greatly with respect to the degree of public attention they command. The Community Forum process allows one to take a long-term approach toward setting up solutions for chronic problems.

Waite/1981

THE IMPACT OF UNEMPLOYMENT ON THE HEALTH OF MOTHERS AND CHILDREN IN MICHIGAN

RECOMMENDATIONS FOR THE NATION

BY

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Michigan Department of Social Services
Michigan Employment Security Commission
Michigan Hospital Association
Michigan Nutrition Commission

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EXECUTIVE SUMMARY

There is a human emergency in Michigan. We are in the worst economic condition of any state in the Nation. Michigan is in the 37th consecutive month of double digit unemployment, with more than 740,000 people out of work. This is a larger number of individuals than the entire population of many states in the union.

Michigan's economic and human crisis has come at the time when we are least able to cushion the many tragedies which threaten family life. State and federal revenues are down. Our Department has lost $24.2 million in the last sixteen months and the Maternal and Child Health Program $6.7 million during the same period.

Services have been reduced at a time when demand from the unemployed and the medically indigent are increasing exponentially.

Blue Cross and Blue Shield of Michigan report a drop of 556,633 participants since 1979. Medicaid rolls have only increased by 106,000 since then. Social Service officials estimate only one-tenth of the 20,000 people per month who exhaust unemployment benefits qualify and are enrolled by the Medicaid Program.

Michigan Hospitals report $142 million of unreimbursed care was given in 1982, up 29 percent from 1981. Some community hospitals are threatened with insolvency.

The economic downturn underlies the current picture seen in Michigan of poverty, hunger, lack of access to health care and high infant mortality.

In one of the greatest year to year increases since World War II, Michigan's infant mortality rate rose from 12.8 deaths per 1,000 live births in 1980 to 13.2 deaths in 1981.

By the end of 1981, MIchigan ranked as the 36th worst of 50 states in infant mortality.

The infant death rate is substantially higher for the young teenage mother and those women who give birth after the age of 40. Black death rates are generally double that experienced by the white population.

Detroit is suffering death rates which are nearly twice the state average. Neighborhoods within Detroit are experiencing an epidemic of infant deaths. The Cities of Pontiac, Flint and Warren showed a very high increase in the death rate between 1980 and 1981. Other cities throughout Michigan like Lansing, Saginaw, and Muskegon also experienced significant increases.

In Michigan and nationally, about two-thirds of all infant death is associated with the problem of low weight live births. This single greatest hazard for infants is associated with increased occurrence of mental retardation, birth defects, growth and development problems, blindness, autism, cerebral palsy, epilepsy and respiratory distress syndrome. Other significant problems include infectious diseases, birth injuries, sudden infant death syndrome and abuse and neglect.

Maternal and child health prevention programs are cost-effective. Numerous studies are cited which indicate the significant health benefits which could accumulate from population-wide accesss to family planning, pregnancy and infant care services and environmental hazard control.

Finally, the report details a blueprint for progress for America's mothers and children. Seven actions are set forth which are consistent with the Nation's urgent need for responsible action while in a period of fiscal restraint.

RECOMMENDATIONS

- CONGRESS SHOULD ESTABLISH A SELECT COMMITTEE ON CHILDREN, YOUTH AND FAMILIES.

- A NATIONAL FOOD EMERGENCY SHOULD BE DECLARED AND GOVERNMENT HELD FOOD SUPPLIES SHOULD BE MADE IMMEDIATELY AVAILABLE, GIVING PRIORITY TO PREGNANT AND LACTATING WOMEN, INFANTS AND CHILDREN.

- A NEW UNIT FOR CHILDREN, YOUTH AND FAMILIES SHOULD BE ESTABLISHED AT A HIGH LEVEL WITHIN THE UNITED STATES PUBLIC HEALTH SERVICE.

- FUNDING CUTS THAT HAVE CRIPPLED AMERICA'S MATERNAL AND CHILD HEALTH AND FAMILY PLANNING PROGRAMS SHOULD BE IMMEDIATELY RESTORED.

- PLANNING, MANAGEMENT AND EVALUATION SYSTEMS IN MATERNAL AND CHILD HEALTH SHOULD BE UPGRADED AT FEDERAL, STATE AND LOCAL LEVELS OF GOVERNMENT.

- AN EMERGENCY MATERNITY AND INFANT CARE SERVICE SHOULD BE DEVELOPED AND PILOTED FOR THE UNINSURED WOMAN AND HER INFANT TO AGE EIGHTEEN MONTHS.

- FINALLY, IT IS RECOMMENDED THAT A NATIONAL CHILDREN'S TRUST FUND BE ESTABLISHED TO DEVELOP INNOVATIVE APPROACHES FOR PROMOTING THE HEALTH AND WELFARE OF CHILDREN, YOUTH AND FAMILIES.

INTRODUCTION

There is a human emergency in Michigan. We are in the worst economic condition of any state in the Nation.

Michigan is in the 37th consecutive month of double digit unemployment, with more than 740,000 people out of work. This is a larger number of individuals than the entire population of many states in the union.

About 20,000 workers exhaust their regular unemployment benefits every month and well over 100,000 have exhausted their extended benefit period. The number of persons receiving some form of public assistance has increased 35 percent over the last 48 months and today nearly 15 percent of our total population receives some form of public assistance.

Michigan's economic and human crisis has come at the time when we are least able to cushion the many tragedies which threaten family life.

Tax collections are down. The state treasury is $900 million in the red. Past bookkeeping practices add another $800 million. After three years of state cuts, hiring freezes and program terminations, we face a new round of $225 million in reductions. These economic conditions are devastating to the health of mothers and children.

It is the purpose of this report to trace both the emergence of these problems and their impact on Michigan families and to make recommendations for short and long term solutions.

Michigan will not ask the Congress to solve our many problems. But we will ask that the Federal Government undertake a blueprint for progress for all of American mothers and children.

If that is done, then the families of our state will be well served.

BACKGROUND

The Winter of 1983 is here and the problem of economic destitution is reaching crisis proportions in some parts of this state.

With Michigan in the depths of its worst depression since the 1930's, more and more citizens are having to turn to emergency programs for the food, heat and utilities and shelter necessary for survival. These programs, run by the state, local communities, and voluntary groups, have experienced a doubling of the demand for such emergency services and have been frequently unable to respond adequately to the need.

Many persons who have always been working, producing, taxpaying members of society now find themselves without jobs, without resources, and without hope. They will not get through this winter without emergency food, clothing, heat and shelter.

The economic crisis in Michigan is documented through a variety of indices and measures, all of which paint the same bleak picture:

- The Michigan unemployment rate has exceeded 10 percent for thirty-seven consecutive months, and for the last three months has exceeded 16 percent. In December 1982, 17.3 percent of the Michigan labor force--746,000 persons--were unemployed but actively seeking work.

- Approximately 20,000 workers exhausted their regular unemployment benefits during every month of 1982. Well over 100,000 exhausted their extended benefit period.

- Since October 1979, the AFDC-Unemployed Parent caseload in Michigan has tripled from 14,000 to 42,000 cases. The General Assistance caseload has doubled from 56,000 to 112,000 cases during the same thirty-six months.

- The number of persons receiving some form of cash public assistance has increased by 35 percent, or 350,000 persons, over the last forty-eight months. Today, nearly 15 percent of the total Michigan population receives some form of public assistance.

- With the decline in state resources, the adequacy of public assistance grants has deteriorated drastically over the past thirty-six months. The last real increase in grant levels was October 1979. Since then, several cuts have been made in benefits, five in 1981 alone.

- For the average AFDC recipient, the amount of the AFDC grant and the amount of food stamps translates into $3.50 per day for the AFDC grant and $1.23 per day from food stamps, resulting in a total of $4.73 per day for each AFDC recipient to survive on.

- The infant mortality rate in Michigan increased from 12.8 deaths per 1,000 live births in 1980 to 13.2 deaths in 1981. This increase represents a disturbing reversal of a 30-year trend which saw the infant mortality rate cut by 50 percent. Some areas of the state have actually realized a 100 percent increase in one year, and inner-city Detroit is one of the places where the problem is the worst.

- A survey by the Statewide Nutrition Commission indicates that reliance on emergency food providers is increasing and that most programs have experienced a doubling of their caseloads over the last year.
- Loss of income and insurance benefits have decreased preventive medical care by physicians and clinics, while increasing hospital care, as people delay treatment until they are more seriously ill.

Clearly, the economic depression in Michigan, the state's fiscal situation and the unprecedented need and demand for human services are all extraordinary conditions. These are not unique to any particular area of the state. There are some families in critical need of basic food, clothing and shelter in nearly every community. Many of these problems can be fully resolved only by national and state economic recovery.

THE IMPACT OF BUDGET REDUCTIONS ON PUBLIC HEALTH

Block grants were adopted in Michigan in the presence of several potentially disruptive factors. Each of these factors left its unique imprint on maternal and child health.

State Budget Collapse

Unemployment began to push upwards in the late 1970's in response to the nation's declining demand for automobiles. As the impact of the recession worsened, Michigan began to experience depression level unemployment rates in cities like Flint, Saginaw and Detroit. We currently lead the nation with an unemployment rate of 17.3 percent. It is being revised upwards almost monthly.

The state budget began to erode as early as fiscal 1978/79. The slide got underway in earnest in fiscal 1981/82 and continues to this very hour. Declining state tax collections combined with the 25 percent across the board cuts in many federally funded programs have dropped state services substantially.

Nearly 10,000 state jobs have been eliminated by abolishment, lay off or attrition. Michigan is one of the few, if not the only state, to show reduced real expenditures from year to year. There appears to be no end in sight.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

	Begin FY 82	Begin FY 83	Jan '83	Difference
Gross	$229.0	$211.3	$204.8	$(24.2)
Federal/Other	132.9	118.0	118.0	(14.9)
GF/GP	96.1	93.3	86.8	(9.3)

The Department of Public Health has dropped a total of $24.2 million in federal, state and other revenue over the period of the last sixteen months.

The numbers of persons eligible for and participating in publically supported health and social service programs have increased during this past year. Persons who have never been users of publically funded personal health programs are now beginning to rely on these programs as reduced income and lack of insurance coverage preclude other alternatives for care. Unfortunately, the resources may not be there to care for them.

The Maternal and Child Health and Crippled Children's (MCH/CC) Programs have not fared any better than other state health programs. These MCH programs include:

- Medical Screening-EPSDT
- WIC Supplemental Nutrition
- Family Planning - Title X

- Maternal and Infant and Children's Health
- Sudden Infant Death Syndrome
- Improved Pregnancy Outcome
- Genetics
- Perinatal Intensive Care
- Crippled Childrens

The decrease in these programs is summarized in the table below.

MATERNAL AND CHILD HEALTH/CRIPPLED CHILDRENS

	Begin FY 82	Begin FY 83	Jan '83	Difference
Gross	$90.4	$85.5	$83.7	$ 6.7
Federal/Other	71.9	68.1	68.1	3.8
GF/GP	18.5	17.4	15.6	2.9

The maternal and child health program has been reduced by $6.7 million over the past sixteen months.

The following illustrate some specific examples of the impact of declining funding levels for maternal and child health programs in Michigan.

Maternity and Infant Care

In the seven projects outside of Wayne County, local staff reductions total 11.6 FTEs coupled with a 10 percent reduction in clinic capacity. Over $300,000 have been cut in personnel and clinic costs. In the large project in Detroit and Wayne County (MIC-PRESCAD), three major health centers have been closed, affecting 600 women and almost 11,000 children. Over 15 professional staff postions have been eliminated and several services contracts have been terminated or reduced.

Crippled Children Programs

Staffing levels in the program have ddclined over the last few years through attrition. The program has been unable to fill positions due to a hiring freeze and insufficient financial resources. As a result, it has become increasingly difficult for the program to monitor and evaluate service providers, conduct training, develop treatment standards and provide case management and quality assurance activities. Some diagnostic categories may be cut this year.

Improved Pregnancy Outcome Program

This program in Michigan was aimed at improving the pregnancy outcome of pregnant teenagers. It was cut 30 percent in its fifth year leading to termination of all four program sites on a phased basis. All federal funding for this program will be exhausted by June 30, 1983, and the program will terminate.

Family Planning

In the state funding period beginning January 1, 1982, local family planning projects were reduced by 25 percent. This is due to a reduction in federal Title X and state funds. The 75 percent funding level will reduce family planning services by 21,500 patients and result in nearly 9,700 unintended pregnancies. The funding picture is greatly compounded by a change in federal allocation of Title X funds to regions. Region V (Michigan, Wisconsin, Minnesota, Indiana, Illinois, Ohio) has been affected most adversely, and Michigan in particular. Efforts were made to reverse or modify the federal formula decision. This failed and the Michigan cut of 37 percent will apparently stand unless supplemental funds are made available again this year. Other states received cuts as low as 4 percent.

CURRENT CONDITIONS FOR MOTHERS AND CHILDREN

Michigan's hard economic realities translate into worsening conditions for the health of mothers and children. Their problems are revealed by examination of the following major issues:

- Hunger
- Unemployment
- Lack of health insurance
- Primary care
- Hospital care
- Infant mortality

Hunger

The Statewide Nutrition Commission recently completed a survey of 20 Michigan counties to assess the number of people currently being served and that part of the population which is not being served.

It is apparent from this report that the existing food programs are unable to meet the estimated need of those persons at marginal poverty or below. Heavier reliance on emergency food providers is expected.

Almost all emergency food providers surveyed reported that their caseloads had doubled. For example, Kent County reported that in the third quarter of 1980, its caseload was 66 referral, third quarter, 1981, its caseload was 83; third quarter 1982, its caseload was 421. In Ingham County, the additional caseload has increased from 12,800 for the year 1982, to 38,724 for 9 months beginning in January 1982.

Emergency food programs are providing millions of meals to Michiganians--serving as a substitute for the inadequately funded federal food and social programs. Even more severe cuts are now proposed.

Counties with the greatest number of hungry people, the majority of whom are mothers and children, are listed in Appendix A along with the number being served by various federal feeding programs. It is plain to see that not all of those in need are being reached.

Emergency food kitchens are a permanent fixture in some communities. They are often the only way in which the marginal families of the "new poor" can survive on a day to day basis.

Behind the statistics are the families which are living a nighmare of worry about their ability to provide for their children.

> Family A - This is a two parent family with two children, living in the Lansing area. The husband was furloughed last September. Unemployment compensation is hardly enough because their son is a diabetic. They are unable to meet all of their needs for rent and food while paying for expensive medicine and physician bills.

The Crippled Children's Program has been able to assist somewhat with medicine but is has been difficult for them to get through. This family is only eligible for $43.00 a month in food stamps. The father is hoping to be called back to work next month. He is employed at a sod plant.

Family B - This is a two parent family with two children. The father is a laid-off trucker. They have no income and are still waiting to hear from the unemployment office to see if he is eligible for benefits. There are no savings. His wife recently suffered a heart attack. A hospital social worker is trying to arrange for deferred payments.

Family C - This family totals seven persons. The father worked for Motor Wheel for 8 years. He became unemployed but obtained a job with Oldsmobile, where he worked for seven months before being laid off. He was put on unemployment again. Unemployment checks ran out after the extension and he has been on the list for the apprenticeship program at Oldsmobile. No response as yet. They have one child on WIC who is a hydrocephalic and has a ventrical shunt. They have a second child on WIC with a low iron count who has improved on the WIC Program. Their total annual income from Social Services is $6,564, down from $25,750 when employed. He began a job three weeks ago with Wyeth Labs. The future of this job is unstable.

Family D - This is a rural family of six. The father worked 9 years for National File Company in Leslie. He is a lead welder. He was laid off and is periodically called back for four days. Sometimes this causes him to lose any unemployment benefits. At other times he receives unemployment for two to three weeks. They have children on the WIC Program. The baby, age 6 months, with the help of WIC is growing normally. Another child age 4½ has a low iron count. Diet in the home has been poor due to lack of regular income. Although this family raises all their own food, cans it, etc., diet analysis show insufficient nutrients.

Not only are mothers and children suffering from lack of food. A recent registration drive for WIC supplemental foods for pregnant women and children elicited this plaintive letter.

"Dear Mr. Walker:

In regard to the above article in The State Journal, would say I know of a lady - a senior citizen who needs some help. She was getting $37.00 in food stamps and was cut down to $17.00 a month. She has remarked to various people that she often goes to bed hungry. She is a widow and belongs to the Grand Ledge senior group . . . Unless it is necessary I prefer that you do not mention me." (Her name withheld by request)

Unemployment

If Michigan were suffering unemployment at even the current high national level, the state would have a problem well within its ability to manage. Unfortunately, the last time the state's unemployment rate was so low was in the 1978/79 period.

Below stands a record of Michigan's plunge into thirty-seven consecutive months of double digit unemployment.

UNEMPLOYMENT RATES FOR MICHIGAN AND SELECTED COUNTIES 1979 to 1982

	Nov 1979	Nov 1980	Nov 1981	Nov 1982
Michigan				
Number	345,000	540,000	517,000	699,000
Rate	7.9	12.5	12.0	16.4
Detroit				
Number	71,450	100,400	97,275	123,650
Rate	10.8	15.6	15.6	20.0
Flint				
Number	7,850	15,250	17,175	23,725
Rate	9.0	17.1	19.2	26.5
Saginaw				
Number	4,225	6,225	6,525	8,750
Rate	9.4	14.3	14.9	19.9
Pontiac				
Number	5,475	11,025	10,600	15,300
Rate	13,5	24.8	24.2	32.9

Source: MESC Form 31-03

As of December, 1982, the unemployment rate stood at 17.3 percent with 746,000 people out of work in Michigan. 61.5 percent of the unemployed are males and 38.5 percent are females. Statistics are not kept on the number of children which are affected though the numbers are believed quite high.

The people of Michigan need jobs. When 20 percent to 30 percent of the available labor force in our major cities are unemployed, we face conditions which are ripe for social turmoil and disintegration.

Lack of Health Insurance

As the rank of the unemployed has swelled to almost three quarters of a million persons, they and their families face an uncertain future without health insurance.

On the average, job related health benefits expire within one month of layoff. Nearly all workers are unable to afford to pay the full cost of health insurance premiums.

Officials of Blue Cross and Blue Shield have recorded the numbers of people dropped from their rolls, a net loss which they attribute to factory closings and layoffs.

BLUE CROSS & BLUE SHIELD OF MICHIGAN SUBSCRIBERS
1979 to 1982

	Subscribers	Dependants	Total
1979	1,741,612	2,875,730	4,617,342
1980	1,675,773	2,747,129	4,422,902
1981	1,602,069	2,620,368	4,222,437
1982 (Oct)	1,539,565	2,521,144	4,060,709

TOTAL LOSS 1979 to 1982 - 556,633

During the thirty-four month period from December 1979 to October 1982, Blue Cross and Blue Shield of Michigan reported a net loss of total people insured of 556,633.

State Social Services officials estimate that only one-tenth of the recently unemployed have been picked up on AFDC or Medicaid rolls. Of the 20,000 each month who exhaust unemployment benefits, Social Services AFDC pick up 1,000 to 2,000 cases.

Among all AFDC applicants, usually only 50 percent qualify. The others still have more than $1,000 in assets beyond their house and contents, bank account and the one allowable automobile. Snowmobiles, cottages and all similar items must be sold. Record mortgage default rates indicate that even the homes are going as well.

On the way to rock bottom, families become uninsured. Estimates of the size of this "newly uninsured" group ranges from 400,000 to 600,000 people. No single data source tracks this type of information at the present time.

The number of families now receiving some form of state and federal assistance is about 15 percent in Michigan.

A review of the climb in welfare rolls is presented below:

AFDC & MEDICAID RECIPIENTS IN MICHIGAN

1979 to 1982

	AFDC	MEDICAID	$SPENT ON MEDICAID
FY 1979	622,000	860,000	$1,032 billion
FY 1980	679,000	927,000	1,056 billion
FY 1981	753,000	1,010,000	1,296 billion
FY 1982	727,000*	936,000*	1,260 billion

*Current Federal Rules cut off many single parent families with low paying jobs, forcing them into the uninsured groups.

The rise in ADC and Medicaid rolls between 1979 and 1983 of approximately 100,000 persons is primarily due to an increase in the unemployed who have exhausted unemployment benefits, sold off remaining assets and now quality for assistance.

Each month additional families are expected to be added, yet the vast majority do not qualify and will not qualify for some time to come.

Dr. Marilyn Poland of Wayne State University in Detroit reports that HMO's and private physicians transfer pregnant patients to Hutzel Hospital once health insurance is lost due to layoffs. Many patients have been transferred in the last month of their pregnancy, one arrived via ambulance in labor. She was sent to Hutzel from another hospital because she no longer had insurance. There has also been a dramatic increase from 1980 to 1982 in no-pay patients. A three-fold increase in women delivering as "walk-ins" with no prenatal care has been recorded.

Some of the "walk-ins" were follwed by lay midwives. They were sent to Hutzel when complications arose prenatally or during labor. These patients are usually white women with high school educations and often some college education whose husbands have been laid off. They pay a nominal fee to the lay midwife.

Primary Care

As previously reported, there is an increase in the number of medically indigent persons who have insufficient monthly income to pay out-of-pocket medical expenses but have not yet "spent down" assets to qualify for Medicaid.

There appears to be a decrease in ambulatory visits and a corresponding increase in hospitalization rates as persons delay treatment until more seriously ill. For example, for one community health center located in a rural area experiencing sharply rising unemployment due to a plant closing, the increase in hospitalization is striking. The percentage of persons seen in the hospital compared to numbers ssen in the clinic has increased from 25.9 percent in 1981 to 34.7 percent in 1982. Persons are making an average of 2.4 ambulatory visits per year as compared to the national average of 4.7.

The number of medically underserved persons in Michigan has grown from 585,000 in 1976 to 879,311 in 1982, accoridng to primary care program officials in our Department.

For two Community Health Centers in areas where the unemployment rate has increased by 3-4 percentage points in one year, the percentage of charges written off for sliding fee scale patients has doubled during this same period.

Annual reports from Community Health Centers are reflecting significant changes in the demographic characteristics of the neighborhoods where clinics are located. In Flint, Michigan, in 1970, 20 percent of the residents living in the Community Health Center area had incomes of less than 200 percent poverty. By 1982, this percentage had increased to 36.9 percent. Another center in Allegan County reports that the clinic's Medicaid caseload has increased from 29 percent of all patients to 46 percent of all patients in a two-year period. A center in Cass County reports the number of persons within its service area qualifying for Medicaid and General Assistance payments has increased 25 percent and 573 percent respectively over a four-year period.

For a clinic in Monroe County where the unemployment rate stood at 16.1 percent this past October, the numbers of low income patients served increased from 39 percent to 45 percent of the total caseload.

In rural Northern Michigan where unemployment stands at 26.6 percent for Antrim County, the Community Health Center reports that the number of low income patients has increased from 48 percent to 69.8 percent of the total caseload in one year.

The Ingham County Health Department served 20,951 persons in 1982 in a variety of clinics focused on mothers and children.

- 80 percent of prenatal patients are categorized as medically high risk because of health history and current medical and social problems.
- 78 percent of all visits to the Child Health and Prenatal clinics were made by low income, or uninsured people and low income Medicaid recipients.
- The Prenatal clinic, which is set up to accept 10 new patients per week, had a backlog of 25 patients as of January 19th.
- As of January 19th, 207 requests for new or yearly family planning appointments were received that could not be filled within a two week period.
- Waiting times for new patients requesting non-acute child health care have increased from two weeks to one month.
- Social work staff in all clinics report their caseloads are so large that they can only provide crisis management services. Staff report an increase in the numberof new patients of all ages who say that they can no longer afford private care. Many patients perceive that their physicians will no longer accept them because they are unable to pay for care.
- Patients are delaying entry into the medical care system for social and economic reasons. Once patients do seek care they face further delays because clinics are operating at or above capacity.

- In addition to the problem of increased demand, patients are coming to the clinics with more complicated and severe problems. People who need food, shelter and clothing have increased. People who have problems related to the stress of unemployment and who have conflicts in personal relationships due to their economic situation have increased.
- Staff in all clinics report that increased caseloads and complexity of patient problems severely restricts time available for followup, patient education, preventive services, chart work and referrals.
- Options for resolving problems within the current clinics are limited and complicated since clinics are functioning at or above capacity and are the only facilities in the county which provide subsidized health services.

Hospital Care

In 1982, Michigan hospitals provided over $142 million in uncompensated health care. As a result of increased unemployment and a loss of insurance benefits for thousands of Michigan workers, the Michigan Hospital Association reports that uncompensated health care services increased last year by 29 percent over the $110 million provided in 1981.

Based on a survey of the community hospitals throughout the state, the Association also reported that the uncompensated care -- care that is not paid for by Blue Cross, Medicare or Medicaid -- provided last year by Michigan hospitals is of greater dollar value than Medicaid expenditures for hospitals in 26 other states. In the State of Michigan since 1978, the amount of lost revenue from uncompensated medical services more than doubled.

This has happened because over 500,000 Michigan residents have lost their health care benefits. A large segment to this group comes from the auto industry where over 250,000 individuals have lost their jobs since the beginning of the recession.

While the hospital industry has so far been able to shoulder this financial burden caused by the recession, if left unchanged it could threaten the fiscal solvency of some Michigan hospitals. Likewise, if there are further cutbacks in Medicare or Medicaid, the hospitals' future fiscal solvency is further jeopardized because of this growing amount of uncompensated care.

Michigan hospitals believe in a partnership between the public and private sector in attempting to work out solutions to affordable health care.

In 1976, Michigan hospitals, in conjunction with Blue Cross and Blue Shield of Michigan and its major customers, developed a new contractural relationship which established a Reimbursement Committee to develop new and innovative techniques for high-quality, lower-cost health care. The Reimbursement Committee subsequently developed a Prospective Reimbursement System which was implemented in 1978 and has become a national model for dealing with the rate of increase in costs. To date, the Michigan hospital cost experience has been among some of the best in the nation in terms of containing the rate of increase.

But any reasonable person will agree that uncompensated care at the current record levels will bankrupt many of our finest community hospitals.

Uncompensated care and reduced Medicaid payments to hospitals have resulted in especially financial problems for those hospitals with large Medicaid populations. As a result, most hospitals in Detroit are now limiting the number of Medicaid patients they will accept. These include Henry Ford Hospital and Sinai Hospital. St. John Hospital noted a dramatic rise in Medicaid patients to 30 percent and they are planning to limit these patients. Detroit Memorial plans to discontinue its maternity service altogether. This shifts a disproportionate number of Medicaid patients into Hutzel Hospital and forces women to travel longer distances to obtain care, thus increasing costs further.

Michigan is being forced to pay the high cost of illness because a growing number of citizens are unable to purchase primary preventive care.

Family planning services cost $75 per person per year and prenatal care $250 to $350. If these services are not used, the result can be expensive perinatal intensive care for both the mother and infant. At a cost of $1,000 per day, it is not unusual to have bills for sick newborns total $20,000 to $40,000.

As has been said many times before by health officials, "You can pay me now, or pay me later."

Infant Mortality

In one of the greatest year to year increases since World War II, Michigan's infant mortality rate rose from 12.8 deaths per 1,000 live births in 1980 to 13.2 deaths in 1981.

By the end of 1981, Michigan ranked as the 36th worst of 50 states in infant mortality.

Analysis of the major causes of deaths indicates that the increase is spread across all categories with exception of deaths due to infectious and parasitic diseases.

The rise in infant death rates was also recorded across a wide geographic area with 1980 and 1981 increases being recorded in nine of the thirteen state planning and development regions.

The infant death rate is substantially higher for the young teenage mother and those women who give birth after the age of 40. Black death rates are generally double that experienced by the white population.

Detroit is suffering death rates which are nearly twice the state average. Neighborhoods within Detroit are experiencing an epidemic of infant deaths. The Cities of Pontiac, Flint and Warren showed a very high increase in the death rate between 1980 and 1981. Other cities through Michigan like Lansing, Saginaw and Muskegon also experienced significant increases.

The pervasiveness of the infant death increase in Michigan both across wide geographic areas of the states, especially in our major cities, and across nearly all diagnostic categories combined with a comparison to other states is certainly consistent with our poor economic condition. Persistently high unemployment combined with unprecedented reductions in all public services position Michigan for increases in a variety of socio-economic and health indicators, one of which is the infant mortality rate.

The statistics for September, 1982 suggest a moderation of the trend with a provisional rate set at 12.3. Provisional rates, however, tend to be revised upward as late death certificates are posted. No provisional figures are available for specific cities and counties. We can only hope that the worst is behind us. Final figures for 1982 will be available in July, 1983.

Many other states and cities around the nation are reporting higher infant death rates than Michigan. For example, in 1979, several states reported infant death rates higher than Michigan's. These areas have had continuing difficulty over the years in controlling excess deaths. Some of these states were:

State	1979 Infant Death Rate	Number of Excess Infant Deaths*
United States	13.1	-
Mississippi	17.6	206
South Carolina	17.1	202
Delaware	17.0	35
Louisianna	15.6	198
Illinois	15.2	386
North Carolina	15.1	168
Georgia	15.1	176
Florida	14.9	219
Virginia	14.6	115
Maryland	14.5	81
Alabama	14.4	82
Rhode Island	14.1	12

*Excess infant deaths are defined as the number of deaths represented by the state or cities current death rate minus the number of deaths which would have been expected using the U.S. average rate of 13.1 deaths per 1,000 live births.

Several states are reporting increases in their infant mortality rates, 14 between 1979 and 1980 and 15 between 1980 and 1981. They are shown in Figure 1 on the next page.

FIGURE 1

Increases in Infant Mortality Rates: 1979-80, 1980-81; By State

State	1979-80 1/	1980-81 1/
Alabama	X	
Alaska		X
California	X	
Colorado	X	
District of Columbia	X	
Georgia		X
Hawaii	X	
Indiana		X
Iowa	X	
Kansas		X
Kentucky	X	
Maine		X
Michigan		X
Missouri		X
New Hampshire		X
New York	X	
North Dakota	X	X
Oklahoma		X
Oregon	X	
Pennsylvania	X	
Rhode Island		X
South Dakota		X
Tennessee	X	
Texas		X
Utah	X	
Washington	X	
West Virginia		X
Wyoming		X

1/ 1979 data are Final; 1980 and 1981 data are Provisional. Source is NCHS Monthly Vital Statistics Report, Sept 30 1982 and Dec 20, 1982

The principal factor underlying two-thirds of these infant deaths is low birth weight (born at less than 5½ pounds or 2500 grams). Many American babies simply do not have enough weight at the time of birth to assure intact survival.

Interestingly, when standardized birth weight distributions are compared with the Swedish experience, we find that U.S. outcomes are as good or better pound for pound. The problem for America is our disporportionate percentage of these low weight births (U.S. = 7 percent low birth weight, Japan 5.3 percent and Sweden 4.1 percent).

What causes low birth weight?

The major reasons behind the high percentage of low weight births in the United States are:[2,3]

- poor nutrition
- unintended pregnancy
- lack of prenatal care
- maternal age (under age 18 and over age 35)
- unemployment and poverty
- misuse of alcohol and drugs.

Poor Nutrition. The impact of an inadequate diet on the developing baby in utero is much more severe than almost any other time of life. In addition, an inadequate diet during the first year of life will adversely affect the early growth and development of the baby including the ability of the child to fight off disease and death. Infants who are nutritionally deprived experience brain growth retardation, slow bone growth and delayed calcification. These children spend their energy on mere survival not development, and thus are cheated of their full genetic potential.

Unintended Pregnancy. Any unintended pregnancy presents special problems for the child, the family and society. Bearing many children, particularly at intervals of less than two years, is associated with low birth weight and a host of other medical conditions which spell disaster for both mother and child. Some of these problems are placenta praevia, hemorrhage, prolapsed cord, rupture of the uterus and post partum uterine inertia with severe bleeding. Studies have shown that in the United States almost all people regardless of ethnic, religious or socio-economic background desire to have smaller families than they did in the 1940's and 1950's and use or expect to use some method for planning the number and spacing of their children. At this point in our history, many citizens simply do not have access to reliable methods of family planning which are consistent with their medical history and personal and family values.

Lack of Prenatal Care. The health implications of late or insufficient prenatal care are startling. In Michigan, for example, approximately 10,000 of the 140,000 women who had babies in 1978 received less than five prenatal visits whereas the recommended standards is a minimum of 12 visits. The outcome for these are unfavorable when compared to the group that had six or more visits. For example, the high prenatal care group averaged 5.7 percent low weight births but the insufficient prenatal care group had 20.3 percent low weight births.

Maternal Age. Births to teenage mothers are twice as likely to be of low birth weight. Repeated pregnancies for the adolescent pose disasters for the health and social well-being of both mother and child. Low birth weight is also increased for women giving birth after age 35. The optimum ages for pregnancy continues to be 20-29.

Unemployment and poverty. The great disparity between white, black, hispanic and native Americans is due to the differences between the average birth weights of their babies. Whites generally have only 5-6 percent of their births below 5½ pounds but blacks, hispanics and native Americans have low birth weight rates in the 12-14 percent range. Evidence indicates that a large part of this so-called racial/ethnic differential is associated with socio-economic differences. Analysis reveals that the birth weight of middle income blacks is comparable to middle income whites. Blacks, hispanics and native Americans are much more likely than whites to be unemployed, without medical insurance and living in poverty.

Doctor Brenner and his associates at Johns Hopkins University have demonstrated conclusively that infant death rates in the United States rise and fall with the general cycles of prosperity and recession.[4] Many sub-populations of the United States are mired in a permanent recession and their newborns are dying in disproportionate numbers as a result.

Misuse of Alcohol and Drugs. There are no safe levels established for the intake of alcohol and most legal or illegal drugs during pregnancy. Recent evidence suggests that even small amounts of alcohol or drugs when ingested by the pregnant women at critical points in the baby's development in utero will lead to premature delivery, low birth weight for the length of time the pregnancy was carried (the small for gestational age or SGA baby) and infants that are born with serious illnesses or birth defects. American women need to become more knowledgeable about the misuses of alcohol and drugs in pregnancy and they must act on that knowledge if they are to secure better pregnancy outcomes.

Only a fraction of infants in trouble die. Many others are victims of inadequate medical care, poor nutrition, abuse and neglect.

Between 1978 and 1979, Children's Hospital of Michigan average census in the neonatal intensive care unit (NICU) was 37 infants.

> Baby A - was a 1200 gram premie born to 19-year old parents on welfare. The parents were only able to visit once a month over the 14 months this infant spent in the hospital. They could not afford bus fare to visit their infant but they called the unit often. They borrowed money from relatives in order to spend time at the hospital learning to care for the baby at home when discharge was imminent.
>
> Baby B - was a premie who did well in the NICU. The parents were unable to come to the hospital to learn post operative care of the infant because they could not afford transportation. This family was known to protective services as an abusing family. A visiting nurse was sent to the home to check on the baby. She found the infant to be severely dehydrated and gave the parents cab fare to take it to the hospital. According to hospital reports, if the parents delayed for several hours more, the infant would have died. The child is now in a foster home.

> Baby C - was a sick premie with lung disease. His mother and father lived in a Car and thus had no telephone or permanent address. The mother received no prenatal care and the family lived on handouts from neighbors and hospital staff. They wanted to visit the baby but could seldom afford gasoline for the car. They visited a few times. The baby died at 7 months of age. The mother was pregnant again at this time and delivered a stillborn in the car five days after her first baby died. The state paid for a double funeral. This is not the only family known to Children's Hospital living in a car. This gives a sickening new meaning to the term "motor city".

These cases are representative of the many which staff at Children's Hospital must face. Infants are abandoned by their families because they are unwanted, require too much time to care for at home or the families do not have the resources to learn to care for them. Followup appointments are often missed and these infants are lost to further care. These babies are at highest risk of dying, yet fewer resources are provided at a time when more are needed. The cases described above have increased 400 percent over the past three years and contribute to our high infant mortality rate. They reflect the social turmoil in families produced by an economic depression.

MATERNAL AND CHILD HEALTH PROGRAMS ARE COST-EFFECTIVE

There are many existing intervention strategies which are known to be highly effective. The routine application of these measures would result in lowering the infant deaths to reasonable levels by 1990. These strategies are:[2,3,12]

- Restoration of economic activity with strong efforts to include all U.S. sub-populations in the upswing.
- Provision of food supplements as prescribed by competent health authorities for all pregnant women and infants who have inadequate diets.
- Provision of early and continuous prenatal care, labor and delivery in a hospital setting and a six week post partum check up for all American mothers.
- Provision of routine and specialized health care for the infant through the first 18 months to maximize each child's opportunity to reach his or her full genetic potential.
- Provision of comprehensive voluntary family planning services which are consistent with the personal beliefs and values of each American.
- Reduction in the use of alcohol and drugs in pregnancy by educating the American people on their dangerous effects and providing substance abuse centers for counseling and detoxification.

The greatest growth in health care costs have come from the entitlement programs, such as Medicaid. Cost effective programs which emphasize prevention and earmark funds to the most needy should not be cut since these programs have been able to provide services to increased numbers of persons, and streamline costs during a period of high inflation. Michigan's total Medicaid budget is over $1 billion.

Various programs have managed to maintain and increase services without significant budget increases. In 1980, ten Rural Health Initiatives served 12,262 additional persons with federal funding increases of $37,000 or $3.00 per additional person.

A survey of Michigan community health centers in June 1980 indicates that the average cost of a medical encounter is $26.00 which compares favorabley to the costs of care from the private sector when similar services are considered.

Other Cost Effective Aspects

- Numerous national studies indicate provision of primary care through community health centers reduces hospitalization for their users which is the most costly portion of health costs. While the exact savings varies from area to area, one study indicated community health center users had hospital admission rates of 33 per 1,000 compared to 67 for non-users and 39 for a comparison group.[6]
- A federal GAO report published on February 27, 1979 indicated that for each $1 spent on WIC there is a savings of $3 which

would have been spent caring for a low birth weight infant and for each $150 million spent on WIC, $260 million is saved in federal expenditures for Medicaid, Supplemental Security Income and special education.

- A national study conducted by the Alan Guttmacher Institute demonstrated a benefit/cost ratio of $1.80 for every federal dollar invested in family planning.[7]

- Medicaid children participating in the EPSDT program have achieved immunization levels of 82 percent in comparison to the state average of 68.6 percent for all Michigan children. Every dollar spent on immunization saves an estimated $8.00 in treatment costs.[8]

- Maternity and infant care projects (MIC) in Michigan have contributed to a decline in maternal and infant mortality. A study completed in 1979 showed that women who had delivered their last pregnancy outside the Michigan WIC projects suffered a perinatal mortality rate of 113 per 1,000 live births. Delivery within the project reduced this rate to 26 per 1,000.[9]

- The Center for Disease Control in Atlanta showed that children enrolled in WIC had considerable improvement in blood hematocrit values (reduction in anemia). An Arizona study recorded an 81 percent reduction in anemia, 82 percent reduction in underweight infants, and 64 percent improvement in children's height.

- Medicaid children participating in rescreening after two years in the EPSDT program had an 8 percent reduction in problems needing referrals.[10]

- One percent of the children participating in EPSDT screening were referred for diagnosis and treatment of excessive blood lead levels. Left untreated, lead poisoning can result in a wide spectrum of morbidity including behavorial problems, mental retardation and in death.[11]

RECOMMENDATIONS

These recommendations are written at a time when deficits both in the State of Michigan and Nationally are at record shattering levels.

Accordingly, many of the recommendations for the protection of the health of mothers and children will not require new spending. Those that do will necessitate a shift in current priorities.

It is our contention that some shift in spending priorities must occur. The erosion of our industrial base together with the massive increase in joblessness has weakened our Nation. In this crises, mothers and children are profoundly dependent on us for their well-being.

Health promotion and disease prevention programs have been organized through national leadership since the creation of the original U. S. Children's Bureau in 1912 and the passage of the Sheppard-Towner Act in 1921.

These services have always had as their basis two important tenets:[5]

- Improvement of the health of mothers and children is an important corridor to better health for the entire population. Mothers and children constitute a highly strategic group; they are especially vulnerable to hazards and attendant problems of reproduction, growth and development and at the same time are the segment of the population which is most responsive to health care.

- The health of mothers and children is closely related to the general health of the community and to the social, economic and cultural background of the country as a whole. Measures which improve the general public health will benefit mothers and children.

Thus, it is our contention that National leadership is needed even today. Are we any less concerned for our Nation's children than were our grandparents?

CONGRESS SHOULD ESTABLISH A SELECT COMMITTEE ON CHILDREN, YOUTH AND FAMILIES.

Policy leadership and oversight is desperately needed for America's mothers and children.

Too often we find ourselves reporting a tragic situation "after the fact" when forward planning could have prevented manh problems.

In support of this recommendation, it is worth recalling some of the conclusions of the Select Panel for the Promotion of Child Health.[12]

- Many forms of disease prevention and health promotion demonstrably effective, especially for children and pregnant women, but still are neither widely available nor adequately used even when available.

- The health status of American children has improved dramatically over the past two decades, but not all groups have shared equally in the progress. Sharp disparities persist in both health status and the use of health services according to family income, ethnic background, parental education, and geographic location.

- The profile of child health needs has changed significantly over the course of this century partly as a result of success in combating infectious disease, partly because new problems have emerged. But the organization, adminisrative, financial, and professional training aspects of our health care system today have not been adapted to cope with current health problems, which have intertwined psychological, environmental, social, and behavioral components.

- While the family is and will remain the primary source of health care for children, the current health care system insufficiently recognizes or supports this role. Nor has the system acknowledged or adequatley responded to the health implications of the changing composition and circumstances of the American family.

- The Nation's increased investment in maternal and child health over the past two decades has spawned many new programs, but they are not working effectively in relation to one another. Public programs have made a significant contribution to improving the health of the Nation's mothers and children, but there remain gaps in and between services; fragmentation and duplication in both programs and services; and conflicts among various levels of government and among a variety of programs.

Among the first priorities of the Committee on Children, Youth and Families should be full hearings on the problem of continued unacceptably high levels of infant mortality in the United States. Additionally, solutions which are now known to be particularly effective in reducting infant deaths and promoting child health must be identified and spread throughout the land.

A NATIONAL FOOD EMERGENCY SHOULD BE DECLARED AND GOVERNMENT HELD FOOD SUPPLIES SHOULD BE MADE IMMEDIATELY AVAILABLE, GIVING PRIORITY TO PREGNANT AND LACTATING WOMEN, INFANTS AND CHILDREN.

Currently, food programs are supported primarily by the Federal Government through the U. S. Department of Agriculture. State and local efforts to increase the amount of food available to Michigan citizens must begin with an identification of what is currently available through the Federal Government, what we can obtain in addition to current levels coming in to the state, and what might be done to remove any barriers now in place to allow increased federal support for food for Michigan's citizens.

First and foremost, both the types and quantity of food coming into Michigan must be expanded. Currently, Michigan receives commodities through the surplus commodity program, the institutional commodity program, and the school lunch program; in addition the Food Stamp program provides stamps to over 300,000 individuals which can be used to stretch their food dollars. The largest amount and the broadest variety of USDA commodities are directed towards the school programs. A smaller, but still balanced, range of commodities is available to charitable institutions.

We recommend that efforts be made by the Congress to secure USDA approval to:

- Obtain eligibility for soup kitchens and other emergency food distribution centers for commodities now allowable for charitable institutions;
- Determine if commodities available through the school lunch program can also be made available to emergency food programs.

Efforts should be made again to determine if federal funds can be secured to help cover the cost of distribution and storage for distribution of both surplus and other commodities which would allow for the quickest, most even distribution.

Two years ago, changes in federal statute limited participation in the special milk program. As a result, most public schools are no longer eligible for the program. We recommend that the Governor work with the Congressional Delegation to propose legislation which would again allow full participation in this program. As it stands now, if a school has a lunch program, it can no longer be reimbursed for milk which was typically served to children at recess or for those children consuming a home packed lunch.

The Congress should oppose further cuts in federal assistance for WIC, child nutrition, housing, fuel payment assistance, and energy conservation programs. Restoration of cuts in nutrition programs for children and adults, especially the elderly, should be advocated.

Finally, the Congress should direct the U. S. Department of Agriculture to identify food that is currently stockpiled in anticipation of national disasters or because of federal price supports.

This food should be released to the states and localities for distribution to the Nation's hungry.

A NEW UNIT FOR CHILDREN, YOUTH AND FAMILIES SHOULD BE ESTABLISHED AT A HIGH LEVEL WITHIN THE UNITED STATES PUBLIC HEALTH SERVICE.

With the dissolution of the beloved and productive Children's Bureau in the late 1960's, the United States found itself among a minority of developed nations without a strong national voice for children. The results have been tragic for the Nation's children.

The major charge of this new unit of government should be:

> "To investigate and report on the conditions affecting the health and welfare of America's children, youth and families."

It is essential that timely and accurate information be maintained on the health status of children, youth and families. This must also include accurate estimates of services rendered and the numbers of citizens in need of care who are not receiving such care. Such information is crucial for the President and the Congress as they discharge their duty to protect American family life.

Existing programs now operated by various branches of government should be realigned and many of them folded into the new administrative unit. Title X Family Planning and the Maternal and Child Health Block grant are two programs which should be transferred immediately.

There must also be strong program authority for coordination with other children programs like EPSDT, WIC supplemental foods and Head Start.

This unit should be responsible for carrying out the essential elements of a comprehensive maternal and child health program, including:[15]

- Studies aimed at identification and solution of problems affecting the health and well-being of mothers and children;
- Organization of maternity services, including adequate prenatal, perinatal and postnatal care;
- Continuing health supervision services for all children from birth through childhood and adolescence;
- Organized programs of health education for parents, children of school age and the general public;
- Establishment of standards for health personnel serving mothers and children and for facilities providing for their health care;
- Systematic manpower development and training activities;
- Continuing assessment of the efficiency and effectiveness of health services for mothers and children;
- Conduct and support of operational research as a basis for further program planning and development.

FUNDING CUTS THAT HAVE CRIPPLED AMERICA'S MATERNAL AND CHILD HEALTH AND FAMILY PLANNING PROGRAMS SHOULD BE IMMEDIATELY RESTORED.

Maternal and Child Health Block

The maternal and child health block grant was formed by consolidating many related programs and cutting them approximately 25 percent. The cost of returning this program to previous funding levels would require new appropriations of approximately $83 million. This would restore the Block grant to its previous level of $456 million from the current appropriation of $373 million.

The State and local health department system is in place. Services could be increased immediately. These services should be focused on pregnancy and infant care in order to have a maximum impact on infant mortality and morbidity. Those services listed in Appendix B should be those eligible for funding.

States should be asked to put together a plan and budget which takes full advantage of all available resources that can address the priority health problems among their mother and children.

In the development of the State plan, it should take into account existing maternal and child health services which may be helpful in dealing with their identified problems, for example:

- comprehensive maternity and infant care services
- nutrition education and WIC program, focusing on prenatal clients
- family planning
- perinatal intensive care system (including promotion of regionalized perinatal care, perinatal nurse educators, and developmental assessment centers)
- genetic service availability and accessibility
- Sudden Infant Death Syndrome grief counseling and apnea monitoring
- environmental health (reducing prenatal exposure to environmental agents; ionizing radiation, toxic substances, and other occupational hazards and stresses), including infant seat restraints.
- general consumer health education.

It is strongly recommended that a state Maternal and Child Health Advisory Group be formed to direct the upgrading of maternal and child services to pre-cut levels.

Family Planning

In the United States almost all people, regardless of ethnic, religious or socio-economic background, wish to voluntarily choose the number and spacing of their children. Comprehensive family planning services represent an effective means of dealing with the health, social, and economic problems associated at least in part with the occurrence of unwanted and mistimed pregnancies.

The family planning Title X program should be restored to its previous level of $162 million from the current reduced level of $125 million. This would cost approximately $38 million in additional revenue.

Family Planning clinics are in place throughout the country. They could quickly move to add approximately 480,000 medically indigent women to their clinic rolls. This would avert approximately 255,200 unplanned pregnancies and all the concommitant grief and suffering which accompanies unwanted pregnancies.

Several prevention/promotion measures have been identified in the area of family planning. They are made up of a variety of education, information and service delivery activities. Services available to each family planning client should include:

Physical examination
Contraceptive supplies
Venereal Disease counseling
Education and information
Contraceptive counseling
Treatment or referral for social problems

Pregnancy testing
Sickle Cell testing
Infertility studies
Sterilization
Nutrition counseling
Laboratory testing

PLANNING, MANAGEMENT AND EVALUATION SYSTEMS IN MATERNAL AND CHILD HEALTH SHOULD BE UPGRADED AT FEDERAL, STATE AND LOCAL LEVELS OF GOVERNMENT.

The strategies and solutions of the 1960's and 1970's must be refined for the 1980's.

To often in the 1960's government over reacted to the "big idea", "the big sell" by conducting "big spending" programs.[16] Some of these programs worked well and others failed miserably. The failures were costly, both in terms of dollars and lost confidence on the part of America's leaders and citizens.

The 1960's style of hit and miss programming was replaced by the high technology-high cost entitlement programs of the 1970's.

The development of newborn intensive care is but one example of successful, but costly high technology medical care programs. This particular program worked. In Michigan, it is estimated that:

> Approximately 90 percent of the improvement in the infant death rate between 1970 and 1979 can be attributed to the reductions in birthweight-specific mortality rates and 10 percent to favorable changes in the birthweight distribution.[17]

It is Michigan's contention, however, that the dramatic reductions in infant mortality seen in the 1970's can only be matched in the 1980's if prevention programs such as the following are provided on a population-wide basis.[18]

- Family Planning
    - Education - professional and public
    - Nutrition
    - Medical services
    - Genetic Counseling
    - Risk status assessment
- Pregnancy Care
    - Education and social support
    - Nutrition
    - Medical services, including delivery and pregnancy termination
    - Genetic diagnosis and counseling
    - Assessment of risk status
- Infant Care
    - Parenting education and social support
    - Nutrition
    - Medical services
    - Immunizations
    - Health maintenance
    - Early identification, diagnosis and intervention
    - Surveillance and control of infectious diseases
    - Neonatal intensive care
- Environmental Hazard Control
    - Education, professional and public
    - Surveillance and control

These findings agree with those presented by Dr. Barbara Starfield of Johns Hopkins University.[19] Dr. Starfield believes that elsewhere in the future, a greater portion of infant deaths will be linked to factors that can't be allevaited by technology, such as failure to receive prenatal care. Equity of access to neonatal intensive care units will undoubtedly worsen with Medicaid cutbacks, but the effects of this inequity pale in comparison to the results of reduced access to nontechnologic care due to decreased funds for prenatal care.

In one sense society can "pay now or pay later" in the form of higher rates of disease, tertiary medical care, death and/or institutional maintenance of the severely damaged child.

As today's children grow into adulthood, they will have to perform increasingly complex tasks in an age of technological change to protect out natural environment, maintain our standard of living and keep our economy competitive with those of other nations. We must consider each of our children as a valuable national resource. Programs such as maternal and child health not only improve the health and enhance the lives of our children immediately, but also expand their potential for significant contribution to the nation as a whole.

The programs of the 1980's should be preventive in nature and based on a solid research base.

Fairweather in his landmark book, Experimental Methods for Social Policy Research indicates if we spent nine times more effort in field research and planning than we did in operations, many of our ideas would be more timely and be received with better results.[20] When failure occurs, operations almost always gets the blame. This is true when the cause for failure may be in other parts of the organization system. The process he describes works like this:

- Define a significant health care problem experienced by mothers and children.
- Use consumers, experts, literature reviews, real like observations of the problem to develop better understanding.
- Develop several different solutions in the form of alternative innovative models.
- Construct an experimental design to compare the relative effectiveness of the alternative models. Be sure the variables you are studying are the ones you are really interested in - changes in health system performance, individual health status, cost, ease of implementation, unanticipated negative consequences and the like.
- Put the models into place in the community. Mere "projections" of costs and benefits will not suffice.
- Operate the models over an extended period of time to permit a meaningful evaluation of long-term outcomes.

- Accept responsibility for the lives and welfare of the people who are affected by the research endeavor. The program researchers and program leadership must take responsibility for implementing any new model found to be beneficial. The most effective practice must be the new status quo and the model must be diffused to areas of need.

As an example of these concepts, Michigan has been experimenting for several years with the concept of integrating many of the categorical progrmas in the MCH field.

In 1976, the Michigan Department of Public Health began to examine the problems of delivering maternal and child health services.

A representative county was selected and detailed study of these programs was published in 1977 entitled, Maternal and Child Health Services: Muskegon, Michigan.[13] The report recognized the value of federal and state initiation of much needed programs like Family Planning; Early and Periodic Screening, Diagnosis and Treatment (EPSDT); Maternity and Infant Care (MIC); and Women, Infants and Children Supplemental Food Program (WIC) and documented the quality of these services when compared to recognized standards of health care.

The report also recognized, however, that new sets of problems had arisen as a result of the establishment of these many new programs. They were divided into three major areas of difficulty:

Guidelines. Conflicts existed in the guidelines issued by the different federal agencies responsible for individual categorical programs. While the obvious conflicts relating to certain programs with multiple legislative bases have largely been solved through Michigan Department of Public Health negotiation(as in Family Planning), disparities which affect the interrelationships among programs have not. Differences in eligibility guidelines set for each program preclude the automatic referral of patients from one service to another as health care needs dictate. Families cannot be treated as units because, while one family member may qualify for one service, others may not be eligible for the program suited to their needs. Thus, while a woman may be given family planning services, she may not necessarily qualify for referral to the MIC clinic for prenatal care, and her child may not be eligible for EPSDT screening.

Reporting. Each federal or state funded program has relatively large reporting demands built into its guidelines. The local health department adds heavily to this burden. In several programs, notably WIC and MIC, the volume of paper work necessary to meet reporting requirements severely limits the amount of time available to personnel for patient care. In addition to volume, much unnecessary information is requested and forms are often inefficiently designed. Most unfortunate of all, however, is the realization that information needed to evaluate the effects of a given program is not being collected. Despite the large amounts of data gathered, necessary evaluative information is unavailable, and program effectiveness cannot be adequately determined.

Funding. Since local programs are dependent upon often unpredictable federal and state sources of funds for the continuation of their projects, they are at the mercy of funding cuts and freezes at these levels. These fluctuations can prove devastating to local program operation. Long-range program planning is hindered by funding uncertainty. Categorical programs often have different fiscal years, some calendar, some using the state-federal fiscal year, and others following no particular pattern. Local Boards of Health are often using local funds to meet unanticipated cuts. This arouses great resentment among boards of commissioners and makes it much harder to introduce the next new categorical program. Long range financial planning is needed to provide stability.

A second report was published in 1977, entitled, An Integrated Maternal and Child Health Program: A Proposal for a Comparative Field Experiment.[14] The proposed "family health" model dealt with four major maternal and/or child health programs. These programs are Family Planning, WIC, MIC, and EPSDT. Services are to be generally located in the same facility with a common clerical pool and laboratory.

The other major components of this model which differentiate it from the categorical model of service delivery revolves around eligibility, administration, and reporting requirements. A single plan and contract are written with the local agency to simplify administrative arrangements.

A model's goal is to allow services previously offered by four individual programs to be delivered without unnecessary delays, duplications or gaps. Furthermore, it has the potential for reducing administrative complexity and cost per client as compared to the current model.

Berrien and Muskegon Counties initiated the projects in January of 1979.

There is general consensus that the two counties have met or exceeded the general performance of similar sized MCH programs which continue to operate in the routine categorical manner. For example, the cost of providing services including administrative costs is quite good. Similarly, these two counties have met their service targets as specified in the project agreement. From the standpoint of fiscal accountability, it has been determined that adequate reporting can be made back to federal categorical funding sources through use of the component budget schedule and periodic time studies.

A formal evaluation of the family health approach is currently underway with the assistance of a private evaluation firm, University Associates, Lansing, Michigan. Their report is due on March 15, 1983. If results warrant, the family health model will be offered to other local health agencies throughout Michigan.

Some facts are already known. The massive conflicts in the design, funding, eligibility criteria and reporting requirements of federally sponsored programs are an administrative nightmare. Further, Block grant proposals which are designed primarily as budget cutting strategies will only increase the damage to the health service structure for mothers and children.

AN EMERGENCY MATERNITY AND INFANT CARE SERVICE SHOULD BE DEVELOPED AND PILOTED FOR THE UNINSURED WOMEN AND HER INFANT TO AGE EIGHTEEN MONTHS.

As the Nation entered World War II, it was determined that an emergency maternity and infant care program was needed.

Doctor William Schmidt describes how this program improved the health of the Nation's mothers and children.

> The Second World War brought about a rapid, large-scale increase in the numbers of enlisted men. Many of their wives came to live near posts where their husbands were temporarily stationed. The capacity of station hospitals to provide maternity care was soon found to be insufficient.
>
> An emergency program developed with great rapidity, extending to servicemen's wives wherever they lived and providing care for one and a quarter million mothers and 230,000 infants by the time it was terminated after the end of the war. This was the largest public medical care program the country had known and the state health departments had ever dealt with.
>
> It was entirely supported by general tax funds. There was no state matching, and there was no means test required or permitted for designated beneficiaries. It enabled states to make great progress in licensing and upgrading hospital maternity care and further aided hospitals to improve standards by establishing a basis of payment related to the cost of care-- a principle later adopted by other federal agencies and by the Blue Cross insurance plans.
>
> The rapidity of expansion of this program, its widespread acceptance and the general participation of physicians and hospitals overshadowed the scattered opposition initially encountered and a short-lived attempt of one state medical association to encourage a boycott of the program.[21]

Accordingly, if we are to reduce infant deaths in our country, we must provide on an interim basis, emergency comprehensive maternity care. This would be aimed at the recently unemployed and provide family planning, prenatal, labor, delivery and postpartum care, pediatric care for the infant to eighteen months of age and health education, nutrition and medical social work services to the family.

The cost of these services based on the Michigan experience is approximately $2850 per mother and infant pair. We now have an estimated 8,000 mothers and infants in Michigan who might qualify for this emergency service.

If one pilot county were chosen to demonstrate the service, a research and development project could be conducted for 750 women/infant pairs for $2.1 million. Additional pilot counties could be added to gain experience in other parts of the country.

Team care has been demonstrated in Cleveland to cut perinatal deaths in half when compared to medical care only.[22] Michigan's MIC Program cut perinatal mortality five-fold when compared to insufficient or no prenatal care.[23]

FINALLY, IT IS RECOMMENDED THAT A NATIONAL CHILDREN'S TRUST FUND BE ESTABLISHED TO DEVELOP INNOVATIVE APPROACHES FOR PROMOTING THE HEALTH AND WELFARE OF CHILDREN, YOUTH AND FAMILIES.

A National Children's Trust Fund should be established to promote small scale trials of new and innovative approaches to maternal and child health service delivery which might prove beneficial to the nation as a whole. Basic biomedical and related activity already covered in research programs operated by the National Institute of Health would not be eligible for funding by the Children's Trust.

The Trust should be directed by a Commission appointed by the Congress.

The National Children's Trust Fund should be funded using a voluntary postage stamp surcharge program. This method of obtaining charitable donations at the national level has been successfully demonstrated by Switzerland, West Germany and the Netherlands. Under this system, each stamp in a particular commemorative issue carries a small surcharge of which 90 percent goes into the Children's Trust Fund and 10 percent is held for administrative expenses.

The special Children's issues are widely purchased by collectors and citizens wishing to make a charitable donation. These issues are called "semi-postals". Children, flowers or animals are often featured on the stamps. Purchase is strictly voluntary. The Trust Fund would also open for the receipt of tax-exempt gifts and donations from American industry, labor groups, foundations and individuals.

These funds would constitute an investment by Americans in their future.

The National Children's Trust would place "venture capital" in the hands of those public and private agencies and institutions which are capable of designing sound approaches to the development of improved health protection services for our mothers and children.

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APPENDIX A

MICHIGAN NUTRITION SURVEY

			FOOD PROGRAMS			
County	Number Unemployed*	Number at 125% of Poverty**	Food Stamps	WIC	Senior Meals	Summer Feeding
Wayne	168,550	417,649	435,862	4,200	9,893	49,494
Oakland	64,275	73,613	53,247	4,400	3,304	6,688
Macomb	51,150	47,154	37,924	2,800	1,248	198
Kent	27,800	53,019	33,083	2,000	2,330	2,529
Ingham	18,900	44,260	27,036	2,300	1,148	1,511
Washtenaw	16,700	34,643	16,114	2,000	316	2,703
Saginaw	15,400	34,491	31,969	1,600	488	2,845
Berrien	10,900	30,522	25,597	1,500	424	3,208
Kalamazoo	10,900	28,457	17,878	3,200	590	36

* August 1982 unemployment figures

** 1979

Source: Michigan Nutrition Commission, 1982

APPENDIX B

NEEDED SERVICES

(Excerpted from the Report of the Select Panel for the Promotion of Child Health, Vol. I, 1980, pages 153-58.)

In reading the lists,[a] several important caveats and explanatory notes should be kept in mind: First, the lists often describe a set of services preceded by the phrases "such as," "as needed," or "as appropriate." These phrases are designed to convey the notion that services must be tailored to an individual and take into account age, stage of development, past history, present risk and so forth. The lists are not a practice manual, but rather a compendium of broad categories of services that should be available and used to varying degrees and in varying combinations by an individual. Second, the lists also use the phrase ". . . to include." This phrase is intended to suggest that the units that follow are minimum components of a broad category, rather than examples or possible items for inclusion. For example, the topics to be covered in prenatal counseling—which in the list are preceded by the phrase "to include"—are viewed by the Panel as essentially a minimum set. Third, the lists intentionally avoid notations of periodicity—such as the desired frequency of health examinations or specific immunization schedules. In general, the Panel believes that the practice standards developed by such groups as the AAP and ACOG are most adequate at present for those services for which they have recommended specific schedules. Fourth, the age and developmental boundaries of the lists were somewhat arbitrarily determined. Although they correspond to the boundaries of many other lists of services reviewed, we recognize the inherent artificiality of such compartmentalization.

Health Services for Women of Reproductive Age, With a Special Focus on Services Relevant to Reproduction

I. Services for nonpregnant women that relate to the occurrence and course of future pregnancy
    A. Diagnosis and treatment[b] or referral and followup of general health problems, both acute and chronic, that can adversely affect future pregnancy, fetal development, and maternal health such as:
        1. Sexually transmitted diseases
        2. Immune status (such as rubella)
        3. Gynecological anatomic and functional disorders
        4. Organic medical problems such as renal and heart diseases, hypertension, diabetes, and endocrine problems
        5. Inadequate nutritional status, including both under- and overweight
        6. Problems relating to fertility
        7. Genetic risk (see I D)
        8. Significant dental problems such as periodontal disease
        9. Occupational exposures
    B. Diagnosis and treatment[b] or referral and followup of mental health and behavioral problems, both acute and chronic, that can adversely affect pregnancy, fetal development, and maternal health such as:
        1. Alcohol abuse, drug addiction or abuse, other substance abuse, and cigarette smoking
        2. Significant mental disorders such as schizophrenia and depression
    C. Comprehensive family planning services, including:
        1. Information, education, and counseling regarding family planning concepts and techniques, and other issues such as the importance of prenatal care, and risks to mother and child of childbearing at extremes of the reproductive age span
        2. Physical examination, including breast and pelvic examination, as indicated, and tests such as a Papanicolau smear, G.C. culture, urinalysis, and serological examination as appropriate
        3. Provision of family planning methods and instruction regarding their use
        4. Pregnancy testing with attendant counseling and referrals as appropriate (including for prenatal services, adoption, and abortion)
        5. Infertility services, including counseling, information, education, and treatment
        6. Sterilization services, including counseling, information, education, and treatment
    D. Genetic screening and related services as needed to detect persons at risk, with counseling and referral as appropriate
    E. Home health and homemaker services[d]

II. Services in the prenatal period
    A. Early diagnosis of pregnancy
    B. Counseling regarding plans for pregnancy continuation
        1. For those electing to carry to term, referral for and provision of prenatal care and of adoption services if indicated. Referral to childbirth preparation classes as desired
        2. For those electing abortion, referal to and provision of first or second trimester abortion, including family planning counseling
    C. Prenatal care services including:
        1. History (general medical, social and occupational, family and genetic background, health habits, previous pregnancies, and current pregnancy)
        2. General physical examination including blood pressure, height and weight, and fetal development
        3. Laboratory tests as appropriate, such as VDRL, Papanicolau smear, G. C. culture, hemoglobin/hematocrit, urinalysis for sugar and protein, Rh determination and irregular antibody screening, blood group determination, and rubella test
        4. Diagnosis and treatment[b] or referral and followup of general health problems, both acute and chronic, preexisting or arising during the prenatal period, that can adversely affect pregnancy, fetal development, or maternal health

5. Diagnosis and treatment[b] or referral and followup of mental health problems, both acute and chronic, preexisting or arising during the prenatal period, that can adversely affect pregnancy, fetal development, or maternal health
6. Nutritional assessment and services[c] as needed. Provision of vitamin, iron, and other supplements as appropriate
7. Dental services with special attention to detection and treatment of periodontal disease
8. Screening, diagnosis (including amniocentesis), and counseling with followup for selected fetal genetic defects (such as neural tube defects, Down's syndrome, Tay-Sach's disease and sickle cell disease) with abortion services available
9. Services to identify and manage high-risk pregnancies to include provision of appropriate prenatal and perinatal care services for labor, delivery, and newborn care
10. Counseling and anticipatory guidance with followup and referrals as needed regarding:
    - a. Physical activity and exercise
    - b. Nutrition during pregnancy, including the importance of adequate but not excessive weight gain
    - c. Avoidance during pregnancy of smoking, alcohol and other drugs; and of environmental hazards including radiation, hazardous chemicals, and various workplace hazards
    - d. Signs of abnormal pregnancy and of the onset of labor
    - e. Preparation of the woman (and her partner where appropriate) for labor and delivery, including plans for place of delivery and feelings about use of anesthesia
    - f. Use of medication during pregnancy
    - g. Infant nutritional needs and feeding practices, including breast feeding
    - h. Child care arrangements
    - i. Parenting skills, including meeting the physical, emotional, and intellectual needs of the infant, with specific appraisal to detect parents at risk of child abuse or neglect
    - j. Planning for continuous and comprehensive pediatric care following delivery, including arrangements for a pediatric antenatal visit to link the family to pediatric care
    - k. Emotional and social changes occasioned by the birth of a child, including changes in marital and family relationships, the special needs of the mother in the postpartum period, and preparing the home for the arrival of the newborn
    - l. Other relevant topics in response to patient concern

D. Home health and homemaker services[d]

III. Services in the perinatal and postpartum periods
- A. Assessing the progress of labor and the condition of the mother and fetus throughout labor
- B. Medical services during labor and delivery for diagnosis and management of conditions threatening the mother and/or infant, including the availability of a Caesarean birth operation when indicated
- C. Delivery of the baby by a qualified professional in a facility that has services needed to manage medical emergencies of the mother and/or newborn, or has ready access to such services
- D. Diagnosis and treatment[a] or referral and followup of general health problems, both acute and chronic, preexisting or arising during the perinatal and postpartum periods that can adversely affect the mother's child-caring abilities.
- E. Diagnosis and treatment[b] or referral and followup of mental health or behavioral problems, both acute and chronic, preexisting or arising during the perinatal and postpartum periods (including maternal depression) that can adversely affect the mother's child-caring abilities.
- F. Counseling and anticipatory guidance with referrals and followup as needed regarding:
    1. Infant development and behavior
    2. Infant nutritional needs and feeding practices, including breast feeding
    3. Automobile restraints for infants and children, and general accident prevention concepts (especially home accidents and accidental poisoning)
    4. Infant stimulation and parenting skills, with specific appraisal to identify parents at risk of child abuse or neglect
    5. Need for and importance of immunizations
    6. Effect on children of parental smoking, use of alcohol and other drugs, and other health-damaging behaviors
    7. The importance of a source of continuous and comprehensive care for both mother and child, including identification of available resources to help with such problems as illness in the newborn or breast feeding difficulties
    8. Recognition and management of illness in the newborn
    9. Hygiene and first aid
    10. Child care arrangements
    11. Other relevant topics in response to parental concern
- G. Home health and homemaker services[d]
- H. Routine postpartum examination, with referrals and followup as needed, including:
    1. Laboratory services as appropriate
    2. Family planning services
    3. Counseling as appropriate regarding the topics noted in III F above and other relevant topics in response to parental concern

IV. Health education regarding such topics as:
- A. Items in II(C)10 and III F above
- B. Developing positive health habits
- C. Using health services appropriately
- D. Using community health resources such as WIC, food stamps, welfare and social services that bear significantly on health status

V. Access-related services:
- A. Transportation services as appropriate including
    1. Emergency medical transport services for both mother and newborn
    2. Transportation services associated with a regionalized perinatal and/or tertiary care network
    3. Transportation services that facilitate obtaining needed health services
- B. Outreach services
- C. Hotline, translator, and 24-hour emergency telephone services
- D. Child care services to facilitate obtaining needed health services

Health Services for Infants in the First Year of Life

I. Services in the neonatal period
  A. Evaluation of the newborn infant immediately after delivery and institution of appropriate support procedures such as nasal/oral suctioning
  B. Complete physical examination, including length, weight, and head circumference
  C. Laboratory tests to screen for genetically-determined diseases including PKU, hypothyroidism and galactosemia
  D. Diagnosis and treatment[a] or referral and followup of general health problems, both acute and chronic
  E. Preventive procedures to include
    1. Gonococcal eye infection prophylaxis
    2. Administration of vitamin K
  F. Services of a newborn intensive care unit as appropriate
  G. Nutritional assessment and services[c] and supplementation as needed
  H. Bonding and attachment support activities including provision for extended contact between parents and their infant immediately after delivery and, where desired by the parents, rooming-in arrangements or the equivalent
  I. Arrangements for continuous, comprehensive pediatric care for the newborn following discharge from the hospital
  J. Home health services[d]

II. Services during balance of first year of life
  A. Periodic health assessment to include:
    1. History and systems review (general medical and social, family and genetic background, with items of inquiry determined by age, developmental stage, and likelihood of potential problems)
    2. Complete physical examination to include:
      a. Height and weight
      b. Head circumference
      c. Developmental-behavioral assessment
      d. Vision and hearing evaluation
    3. Screening and laboratory tests as indicated, including hemoglobin/hematocrit and tuberculin skin test; and, for infants at risk, such procedures as lead poisoning, parasite, and sickle cell screening
    4. Nutritional assessment and services[c] and supplementation as needed (including provision of such supplements as iron and vitamin D, and fluoride if community water supply is not fluoridated
  B. Immunizations according to nationally recognized standards
  C. Diagnosis and treatment[a] or referral and followup of general health problems, both acute and chronic
  D. Home health services[d]

III. Services for families during infant's first year of life
  A. Counseling and anticipatory guidance with referrals and followup as needed regarding:
    1. Infant development and behavior
    2. Maternal nutritional needs, especially if breast feeding, and infant nutritional needs and feeding practices
    3. Automobile restraints for infants, and general accident prevention concepts (especially home accidents and accidental poisoning)
    4. Infant stimulation and parenting skills, with specific appraisal to identify parents at risk of child abuse or neglect
    5. Need for and importance of immunizations
    6. Effect on children of parental smoking, use of alcohol and other drugs and other health-damaging behaviors
    7. The importance of a source of continuous and comprehensive care for mother and child, including identification of available resources to help with such problems as sudden illness or breast feeding difficulties
    8. Recognition and management of illness
    9. Hygiene and first aid
    10. Child care arrangements
    11. Other relevant topics in response to parental concern
  B. Counseling and provision of appropriate treatment[a,b] and/or referral to appropriate services (including home health and homemaker services[d]) as needed for parents:
    1. Who have chronic illnesses, handicapping conditions, alcohol or drug problems, mental health problems (including maternal depression) or other health problems that seriously affect their capacity to care for the infant
    2. Whose infant is seriously ill
    3. Whose infant has a chronic illness or handicapping condition
    4. Whose infant is or is about to be hospitalized

IV. Health education regarding such topics as:
  A. Items in III A above
  B. Developing positive health habits
  C. Using health services appropriately
  D. Using community health resources such as WIC, food stamps, welfare and social services that bear significantly on health status

V. Access-related services (see section V, Health Services for Women of Reproductive Age)

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*In the lists:

[a] Services for both acute and chronic medical conditions include inpatient and outpatient services, clinic and physician office services, emergency services, laboratory and X-ray services, provision of prescribed drugs and vaccines, medical supplies and rehabilitation services.

[b] Services for both acute and chronic mental health conditions include inpatient and outpatient hospital services, long-term psychiatric care, clinic and physician office services, counseling and anticipatory guidance, crisis intervention services, laboratory services, and provision of prescribed drugs.

[c] Nutrition services include screening/assessment of nutritional status; dietary counseling to assist people to meet their normal and therapeutic nutrition needs; nutrition education; and provision of, or referral to, resources needed to improve or maintain nutritional health, i.e., supplemental food assistance, special feeding equipment, and food service programs.

[d] Home health services include the provision of medical, nursing, therapy, and rehabilitative services in the home; homemaker services including assistance for the family in routine household responsibilities when illness or disability interferes with such functions.

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SINAI HOSPITAL of DETROIT

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March 7, 1983

Honorable Carl D. Perkins
Chairman
Committee on Education and Labor
2181 Rayburn
House Office Building
Washington, D.C. 20515

Dear Congressman Perkins:

We are disturbed by statements made by Bailus Walker, former director of the Michigan Department of Public Health, testifying before the Committee on Education and Labor.

In his comments, Mr. Walker alleged that Sinai Hospital of Detroit is one of the hospitals in Michigan "now limiting the number of Medicaid patients they will accept."

For the record, Mr. Walker's allegation is false. Moreover, Sinai Hospital was never formally contacted by Mr. Walker nor were we asked to supply information relating to this matter for Mr. Walker's use.

Sincerely,

I. Shapiro

Irving A. Shapiro
Executive Vice President

IAS:lf